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## ABSTRACT

This Kids Count report is the third to examine statewide trends in the well-being of Hawaii's children. The bulk of this statistical report is comprised of indicator results and is divided into four major sections: (1) family composition and resources, including children in poverty, children in single parent families, births to single teens, and children with health insurance; (2) infancy and preschool years, including low-birth-weight infants, infant mortality rate, immunization rates, children at risk for developmental problems, and child abuse and neglect; (3) early school years, includes child death rates, children of working parents in after school programs, fourth graders' academic progress, and children with special needs; and (4) adolescence and youth, including eighth graders' academic progress, high school graduation rates, idle teens, juvenile arrest rates for violent crimes, substance use, teenage pregnancy, and teen violent deaths. Findings indicate that there have been improvements since 1990 in teen pregnancies, infant and child mortality rates, immunizations by age 2, and teen violent death rate. Conditions have worsened in the percent of children in poverty, income spent on shelter, low birthweight, children with working parents in after school programs, on-time high school graduation, excessive alcohol use, and juvenile violent crime arrest rates. The report provides a demographic profile of Hawaiian children, compares Hawaiian to national data, and describes the methodology and data sources. (KB)

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# Make KIDS COUNT



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HAWAII'S KIDS COUNT • 1997 DATA BOOK

# KIDS COUNT IN HAWAII

This is an annual report on the well-being of kids in Hawaii. It was produced by

Hawaii Kids Count — a collaboration of the Center on the Family, University of

Hawaii at Mānoa; the Governor's Office, Children and Families; and the Hawaii

Community Services Council — with funds from the Annie E. Casey Foundation.

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# EVERY DAY IN HAWAI'I

- 1 in 6 live in poverty;
- over 1 in 5 live with a single parent;
- 10 babies are born whose mothers did not get prenatal care in the first trimester;
- 4 babies are born with dangerously low weight (less than 5.5 pounds);
- 5 babies are born to teen moms;
- 14 reports of child abuse are made, 46% of which will be legally confirmed; and
- 11 youths are arrested for serious crimes, of whom 32% are female.

## IN ADDITION :

- 1 infant dies every 3.5 days;
- 1 child dies nearly every week; and
- 3.4 teen deaths occur every month from homicide, suicide, or accident.

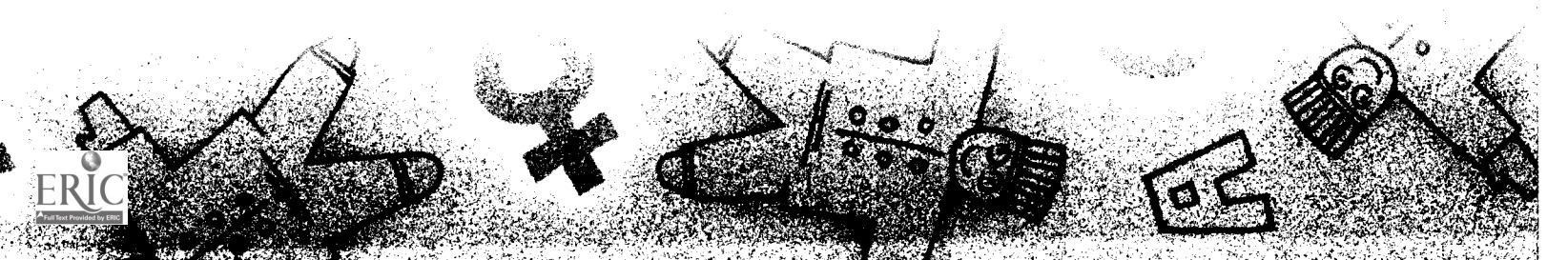
*There are over 318,000 kids  
in Hawai'i. They experience  
the following:*



Photography courtesy of University Relations

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# ACKNOWLEDGMENTS

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## PHOTOGRAPHS

Tami Dawson and Barb Haynor, Photo Resource Hawaii; the Na Ki'i Project, sponsored by the Governor's Office, Children and Families; Laurie Breedon; Edith Watanabe; Bruce Puana, University Relations; and Marcia Hartsock.



# OVERVIEW OF INDICATORS AND SUMMARY OF FINDINGS

indicators for the Hawai'i Kids Count Data Book are those measurement indicators which are considered to be most indicative of the well-being of Hawai'i's children and families. The focus is on outcome measures, stated in either the positive (percent of poverty-related four-year-olds enrolled in subsidized pre-school programs) or negative (rate of child abuse and neglect). These are population-based numbers, stated as percents or as rates so that unequal groups can be compared. Most of the indicators have trend data, although the time period of the trend may not be identical in all cases.

Ten core indicators have been identified by the national Kids Count program of the Annie E. Casey Foundation for tracking and for comparison between the states. They are percent of low birth-weight babies; infant mortality rate; child death rate; rate of births to unmarried teens; juvenile violent crime arrest rate, percent of teens who are high school dropouts, percent of teens not attending school and not working, teen violent death rate; percent of children in poverty; and percent of families with children headed by a single parent.

Hawai'i Kids Count has used the same indicators with the following exception: the annual percent of teens who are high school dropouts is not available at the state level, so the high school on-time graduation rate is used instead.

In addition, Hawai'i Kids Count reports on twelve other indicators, two of them at more than one age. The intent is for these to remain constant over time. However, there is one modification from the 1996 report: as an indication of substance use by teenagers, we are using percent reporting binge drinking of alcohol use, instead of regular tobacco use. Information on children in single-parent families is not available annually at the state level, but the most recent data are included as these are important in assessing the general well-being of children.

*The guiding principles in selecting indicators are as follows:*

- the data item should reflect some important and widely accepted value for children;
- the statistical indicator must be available from a reliable source and be consistent over time;

- the data should be available by county or smaller geographic unit, by ethnicity, gender, age, or other special unit of interest so that we can determine the life chances of subgroups in our state.

So, how are the children and families doing? This 1997 book reflects 1995 data, as those are the most recently available in most areas. In ten indicators this report shows that there has been improvement since 1990, while seven areas show that they are losing ground.

## INDICATORS SHOWING IMPROVEMENT, 1990-1995

Teen birth-weight
Percent of births with early prenatal care
Infant mortality rate
Percent fully immunized by age 2
Percent identified at risk for developmental problems
Child death rate
Rate of child abuse and neglect, except at ages 6-11
Percent served in special educational needs
Teen pregnancy rate
Teen violent death rate

## WORSENING CONDITIONS, 1990-1995

Percent of children in poverty
Percent of income spent on shelter
Percent of births with low birth-weight
Percent of children with working parents in after-school care program
Percent graduating from high school on time
Percent of teenagers using alcohol excessively
Rate of juveniles arrested for violent crimes

For comparison with national trends on core indicators, see pages 50-51.

# DEMOGRAPHIC PROFILE OF HAWAII'S KIDS

*There were 292,616 children and youth, ages birth to 19, in Hawaii'i in 1980. By 1990, that number had increased by 0.5% to 294,098. The official estimate in 1995, according to the U.S. Census Bureau and the Hawaii'i State Data Center was 321,212.*

## LOCATION

The numbers grew on the neighbor islands, but decreased on O'ahu.

By County:	1980	% of All Kids	1990	% of All Kids	% change
Honolulu	228,567	78.11	215,378	73.23	-5.77
Hawaii'i	29,573	10.11	35,874	12.20	21.31
Kaua'i	12,459	4.26	14,759	5.02	18.5
Maui	22,017	7.52	28,087	9.55	27.6

Nearly two-thirds of Hawaii'i's children and youth (63.47%) live in urbanized areas, while only 0.6% live in rural farm areas. Persons under 19 years of age are more likely to live in the urban fringe, while adults are more likely to live in the central urban areas.

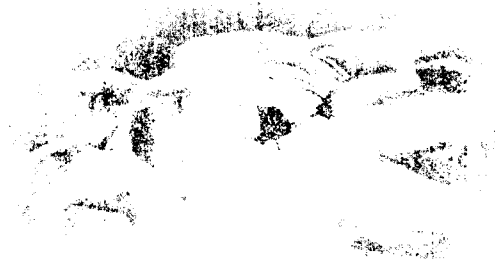
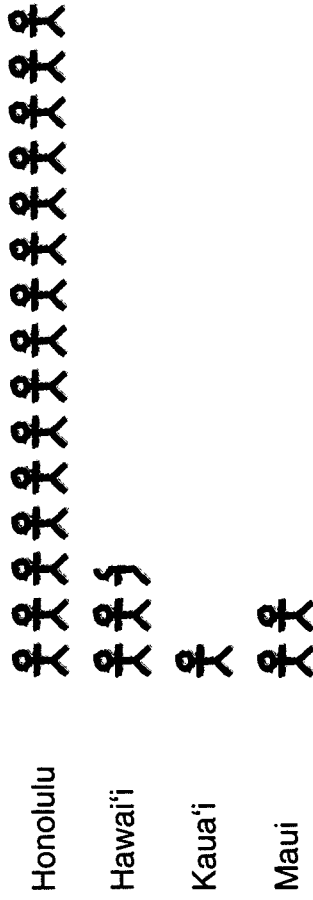
## PROPORTION OF THE POPULATION

Children and youth are a declining proportion of the entire population, while the percentage of those who are over age 64 is increasing:

Age	1980 % of Total	1990 % of Total	% change
under age 20	32.25	27.96	-13.3
over age 64	7.87	11.25	42.9

The dependency ratio (computed by adding together those under 15 and those over 64 and dividing by the number of 15 to 64 year-olds) has increased slightly from 31.15 to 32.32 due to the increase of senior citizens.

## CHILD POPULATION BY COUNTY - 1990





## ETHNICITY

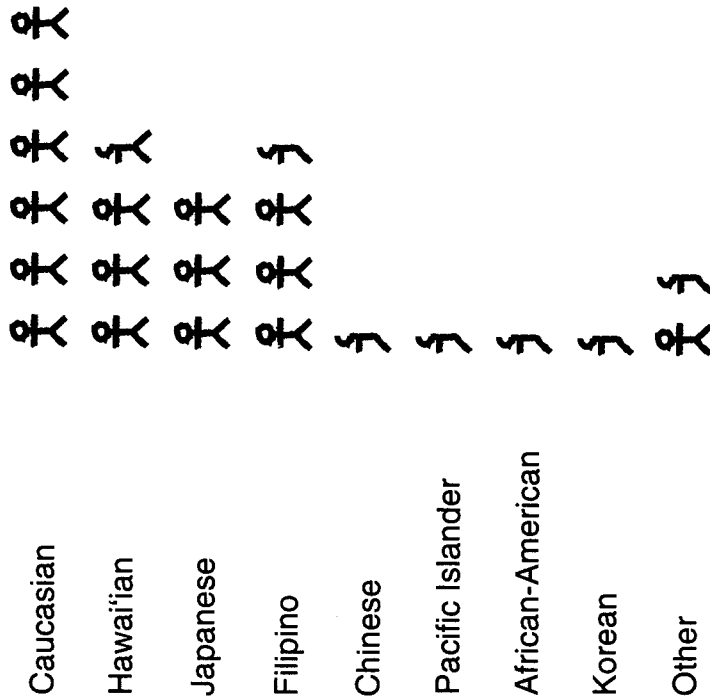
It is impossible to detail changes in the proportions identifying themselves as belonging to the major ethnic groups in Hawai'i as the 1980 census grouped these differently. However, Hawai'i's rainbow in 1990 was composed as follows:

Caucasian	30.22%
Hawaiian	18.36%
Japanese	15.75%
Filipino	17.46%
Chinese	3.79%
Pacific Islander	3.46%
African American	2.94%
Korean	1.99%
Other	6.03%

## GENDER

The growing up experience is not the same for boys as it is for girls. While the population is roughly half male and half female, there are some subtle differences:

Age Group	1990 Estimate		1995 Estimate	
	Male %	Female %	Male %	Female %
0-5	228,567	78.11	215,378	73.23
6-11	29,573	10.11	35,874	12.20
12-18	12,459	4.26	14,759	5.02
Birth-18	12,459	4.26	14,759	5.02



# OUR VISION FOR HAWAII'S KIDS

*Our vision is that "Hawaii's keiki are active*

*participants in a safe, nurturing, and stimulating*

*community that enhances every child's*

*opportunities to become a productive, responsible*

*adult appreciative of our cultural diversity and*

*natural environment."*

Hawaii's Kids Count Advisory Council



This sounds like an impossible dream, but in reality it is an honest goal for which we are willing to strive. It stresses values that are unique to Hawai'i – the importance of protecting our natural environment and maintaining harmony despite our diversity. It also reflects values held more universally – the importance of productivity and responsibility in approaching adulthood. And, especially, it recognizes the shared responsibility of the whole 'village' (all ages; all neighborhoods; all economic sectors; all social, religious, professional and political groupings) in guiding children and youth toward acceptance of these values.

The commonly accepted rhetoric proclaims that children are our most important resource. But we don't always treat kids as our valued treasure. We would never accept having environmental protection levels of one home in four receiving contaminated water, but one impoverished child in four not having access to a good pre-school program is tolerated. We would declare a state of emergency if heart attack rates tripled, but have not been stirred to action by a tripling of the child abuse rates since 1970. These are hard issues, intimately connected to the very essence of who we are as a society and what kind of society we will become. These issues affect our 'most important resource' so we must face them and recognize the ways in which they are limiting the potential for our future well-being.

*A person's single most important resource is usually his or her family. The family typically provides both concrete and emotional support that others cannot provide.*

# FAMILY COMPOSITION & RESOURCES

The family as an institution has changed significantly over the years. Each culture has a different interpretation of what it expects a family to be. No matter what the culture, society has particular expectations of a family, requirements that must be met to ensure that family members are nurtured and safe. The changes in society itself have put additional pressures on families that can make functioning and meeting societal expectations of a stable unit even more difficult.

What factors in today's culture have altered families' functioning? An industrialized, impersonal climate has increased mobility, as wage earners follow the expansion or relocation of businesses in search of satisfying, better-paying, or continuing positions. Moves frequently promote further isolation of families. Emphasis on faster, more competitive, more affluent lifestyles produces stress.

Amidst the stresses of living in a high-pressured world, the family has had to make adjustments. The nuclear family (mother, father, and children) which for a time had all but replaced the extended family (parents, children often living with grandparents or adult siblings) is now decreasing. The current divorce rate is the highest ever, and the single-parent family represents a large percentage of the parenting population.

Today there are numerous constellations that can be considered a family – each with its own strengths and weaknesses and issues. In 1970, married couples with children made up 40 percent of U.S. households; in 1995, only 25 percent. In 1970, 5.6 million families were maintained by women with no husband present and 1.2 million families were maintained by single men. By 1995, those numbers had more than doubled to 12.2 million and 3.2 million, respectively. The 'typical' household is an illusion.

## *There are many ways of defining family:*

- the functional family – members who share household tasks, activities and child care;
- the legal family – bound together by its legal structure and altered by divorce or the legal removal of children;
- the family by perception – where members see others as being part of the family (e.g., live-in boyfriend, considered to be acting in the role of father and husband, compadres, or kinsmen);
- the biological family – held together by blood relationships; and

- the family of long-term commitments – where long-term expectations encompassing trust, fairness, and loyalty are present.

While every family is different, each family bears responsibility for providing what its members need to develop in a healthy way. Consistent nurturing, care giving, cognitive stimulation, emotional safety, a sense of the family's history and values, and opportunities for quality social interaction are equally important. Family members, from infants to the elderly, need additional, specific kinds of support as they work through different stages of development and encounter a variety of experiences.

The parent-child relationship is expected to provide financial security, insuring an adequate diet, shelter, clothing and other necessities of life. Stability in home life gives a child the emotional security to explore, to try new ideas and activities. Good health and proper education is usually provided in partnership with professionals, but the active involvement of parents helps to assure that the child will thrive and succeed. Parents are the key players as the child develops morality, integrity and respectful attitudes toward others. These essentials can and should be provided by parents regardless of family type, structure, or size.

A person's single most important resource is usually his or her family. The family typically provides both concrete and emotional support that others cannot provide. In particular, parents are powerful people in children's lives – they provide their children's material necessities, serve as their children's teachers, and mediate their children's experiences in the outside world. Families impart to children their culture, history, beliefs, values, and a sense of belonging. They point the child toward the identity that he or she develops.

Gender roles are part of that identity. While the society is proclaiming greater choices for women in terms of careers and roles, gender roles within the family have been slow to change. What is meant by equality between females and males within families is still being worked out. Studies have shown that girls are much more likely to be given housework or child care responsibilities after school than are boys. Expectations for school success, athletic participation, and responsible behavior may be different for boys and girls in the same family.

Strong families help children of both sexes learn resilient behavior when they teach problem-solving skills and provide positive, noncritical support and a sense of togetherness. The values and skills learned at home give individuals the power to shape their lives.



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### IMPORTANCE OF INDICATOR:

Educational attainment tends to be both a cause and an effect of low income.

Poverty, as used here, is defined by the federal government and reflects a relationship between family income and the cost of a basic market-basket of goods. It encompasses family groups with individuals who have poorly paying jobs or are unemployed, families living in sub-standard housing, and families more likely to have only a single parent in residence. Health disparities between poor people and those with higher incomes are almost universal for all dimensions of health.

### GENDERED IMPACT:

Few studies have consciously looked at the impact of growing up in poverty for girls as compared to boys. It is difficult to separate family finances from other social conditions of the family to determine impacts. However, school attainment tends to be affected for both males and females. Early sexual activity and teen pregnancy have been linked to a poverty background for females.

### STORY TOLD BY THE DATA:

Child poverty has been increasing in Hawai'i during the 1990s. Although this rate is only known for the state as a whole, food stamp reliance and qualification for free or reduced-price school lunches differ by county. Hawai'i County has greater child poverty using these measures — nearly two times higher than the state average.

### PERCENT OF CHILDREN IN POVERTY (based on US poverty level)

	1980	1990	Annual Rate of Change 1980-90	1995	Annual Rate of Change 1990-95	Recent Trend
State	13.0	11.1	-1.58	13.4	4.71	●
COUNTY:						
Honolulu	13.0	10.1	-2.52	n.a.		
Hawai'i	15.6	19.8	2.38	n.a.		
Kaua'i	9.7	8.1	-1.80	n.a.		
Maui	11.4	9.5	-1.82	n.a.		
ETHNICITY:						
Caucasian	n.a.*	9.2	n.a.			
Japanese	n.a.	2.8	n.a.			
Hawaiian	n.a.	19.9	n.a.			
Filipino	n.a.	7.9	n.a.			
Chinese	n.a.	7.3	n.a.			
Pacific Islander	n.a.	30.2	n.a.			
African- American	n.a.	11.5	n.a.			

\*1980 Census did not use these ethnic categories, so the base population in each group is not known



Photography courtesy of  
Tami Dawson/Photo Resource Hawaii

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## IMPORTANCE OF INDICATOR:

There is growing concern among policy makers and the general public over the rise in the percent of children living in with only one parent. Single-parent families, particularly those formed when unmarried teenagers give birth, were a definite focus of the welfare reform debate last year. In the past decade, every state except Utah recorded an increase in this measure.

## STORY TOLD BY THE DATA:

Nationally, there has been an 18% increase in families headed by a single parent since 1985. In Hawai'i, the increase has been 5% in the same time period. Because the data come from a national survey between censal years, county differences cannot be known again until the year 2000.

## GENDERED IMPACT:

Since the custodial parent is the mother in 85% of all cases, it is important to consider the different impacts of living with mothers, on boys and girls. All children in this circumstance have a diminished opportunity for learning how to be a partner in a stable two-parent family. The lack of role models for boys is a particular problem. One recent study of young, non-custodial fathers who are behind on their child-support payments found that less than half of these men were living with their own father at age 14. For girls there is often difficulty in developing realistic yet trusting relationships with males, leading to higher risk of teen pregnancy.

## PERCENT OF CHILDREN LIVING WITH SINGLE PARENTS

	1980	1990	Annual Rate of Change 1980-1990	1994	Annual Rate of Change 1990-1994	Recent Trend
State	17.8	20.8	1.56	20.2	-0.98	●
COUNTY:						
Honolulu	17.2	18.5	0.73	n.a.		
Hawai'i	17.9	22.0	2.06	n.a.		
Kaua'i	10.6	18.1	5.35	n.a.		
Maui	17.4	19.7	1.24	n.a.		



Photography courtesy of Tami Dawson/Photo Resource Hawaii

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IMPORTANCE OF INDICATOR:

Births to teens are very basic indications of the strength of new families in our state. There are effects on both the teenager becoming a parent and on the infant born into such circumstances. The new parent is at great risk of poverty, lessened educational attainment, and marital instability. The infant is more likely than average to have had no early prenatal care, to be of low birthweight, and to be unprepared for success in school. Known risk factors for family formation are: 1) parents unmarried, 2) mother under 20 years of age, and 3) mother not a high school graduate. In Hawai'i, 8.5% of all first births were affected by all three risk factors; 36% of all first births were to unmarried parents.

GENDERED IMPACT:

There is no known gender effect for infants. Little research has been conducted on the impact of becoming a teen father.

STORY TOLD BY THE DATA:

In 1995, 10% of all births in Hawai'i were to mothers under 20 years of age. This is an increase over the last decade, although the percentage is certainly affected by the number of births to older women. 1995 births were fewer than any year since 1985.

The birth rate of 40.2 per 1,000 teen females in Hawai'i is an 11% decrease from 1990. The national Kids Count databook reflects the birth rate for 15 to 17-year-olds at 38, with the Hawai'i rate for this age at 32. At every age for females, the birth rate has declined. It has also declined for each county and most ethnic groups.

NON-MARITAL TEEN BIRTHS  
(per 1,000 females age 15-19)

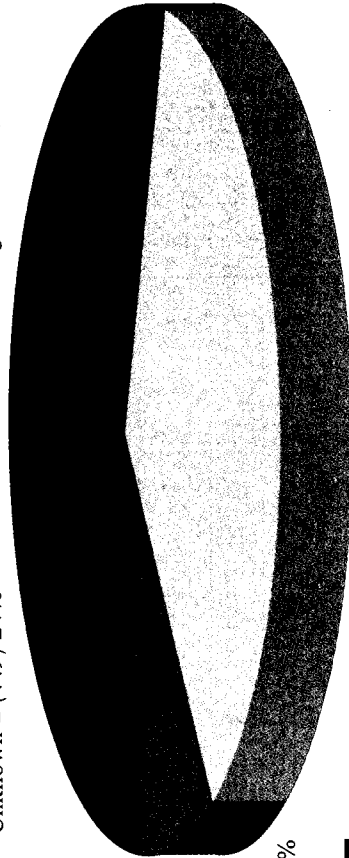
	1980	1990	Annual Rate of Change 1980-90	1995	Annual Rate of Change 1990-95	Trend
State	28.5	45.2	4.6	40.2	-1.26	●
COUNTY:						
Honolulu	27.3	43.3	4.6	37.1	-0.95	●
Hawai'i	36.6	53.4	3.8	55.7	-1.03	●
Kaua'i	31.5	40.5	2.5	41.1	-4.74	●
Maui	28.5	51.8	6.0	44.0	-1.75	●

ETHNICITY:

Caucasian	1.9	9.3	16.16	6.3	-4.07	●
Hawaiian	95.7	157.1	4.95	143.1	-0.96	●
Japanese	9.3	13.3	3.59	9.5	6.33	●
Filipino	23.9	42.1	5.68	34.9	-1.35	●
Chinese	5.1	10.0	6.62	4.8	-6.29	●
Pacific Islander	29.6	48.7	4.99	34.0	-14.22	●
Korean	8.6	10.2	1.76	17.1	-1.26	●
African-American	18.2	30.7	5.19	40.9	0.09	●
Other	4.4	14.5	11.80	25.1	6.17	●

BIRTH RATES BY AGE OF FATHERS, 1980-1994

Unknown = (449) 24%      Age 15-19 = (514) 28%



Age 25+ = (159) 9%

Much is said about 'births to teen moms'. What about the dads' - are they teens? Birth certificate information indicates that age of the father is unknown a quarter of the time. Statistics show half of the men involved in teen pregnancies are not teenagers.

**IMPORTANCE OF****INDICATOR:**

There is a great difference between the health care obtained by insured and uninsured children, with the latter considerably less likely to receive the health care they need. A recent study found that almost two out of five children who were uninsured for longer than one year had no doctor visits during the year. This was more than twice the rate for insured children. This was even true for children under 5 years of

age, those most needing routine immunizations and regular monitoring of their growth and development.

**STORY TOLD BY****THE DATA:**

Although there have been annual variations in the percent of children in Hawai'i who are not covered by some form of health insurance, the 1995 percent is only a tenth of a percent higher than that of 1987. The largest count of uninsured children was in 1993, with 9.5%.

**GENDERED IMPACT:**

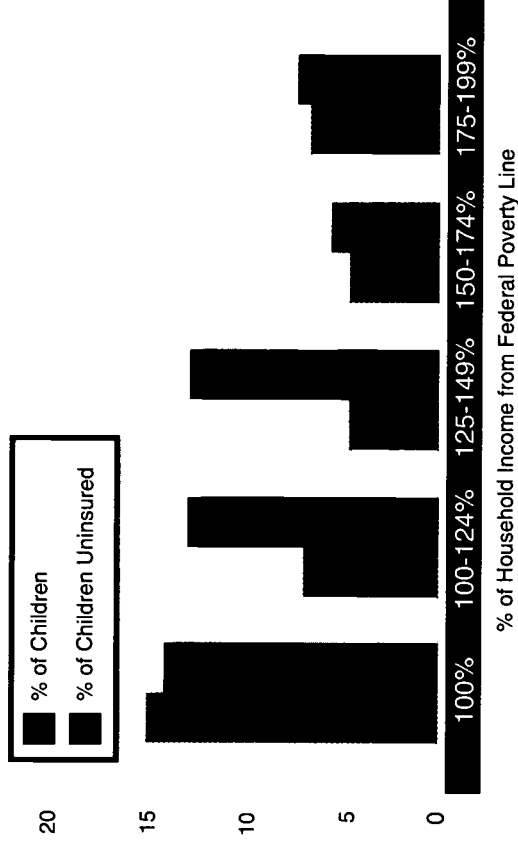
No known differential.

## PERCENT OF CHILDREN WITH HEALTH INSURANCE

(private and public)

State	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
	84.3	92.1	0.79	93.1	0.22	☺

### PERCENTAGE FROM POVERTY AND HEALTH INSURANCE COVERAGE



*Half of the children in Hawai'i live in families with incomes over 250% of the federal poverty line, which is adjusted for family size. Of these children, 4% lack health insurance. Percentages in other income categories show that those very near the poverty line are most likely to be without health insurance.*

**IMPORTANCE OF INDICATOR:**

Housing is a major part of the family budget everywhere, but the cost of housing in Hawai'i is higher than in most other locations, forming a large part of the 'price of paradise'. When families must expend a larger proportion of their available income for housing, they are required to cut back elsewhere in their budget. Adequate housing is important to the

stability and orderliness of life that promotes good child development.

**STORY TOLD BY THE DATA:**

With growing unemployment and stagnating family incomes, the share of the family budget that is required by housing costs has increased. There has been some record of falling rents and stagnant purchase prices, making the increase modest.

**GENDERED IMPACT:**

There is no known difference between male and female children regarding the impact of tighter family budgets.

PERCENT OF BUDGET EXPENDED FOR HOUSING  
(per average consumer unit)

	1991	1993	1995	Annual Rate of Change 1991-1995	Recent Trend
State	30.8	31.4	31.6	0.64	●
\$ Spent On Shelter	11,196	12,261	12,313		



*Healthy growth and  
development during infancy and early  
childhood will establish and  
affect healthy patterns for later  
development. This is time to “He Lei  
Na Keiki” or to “Cherish the  
Beloved Child”.*

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# INFANCY & PRESCHOOL

Dana H. Davidson, Ph.D., Associate Professor of Human Resources, UHM

**T**he short time from pre-natal development, birth through infancy, and early childhood is a dramatic period of growth and change! It is also a vulnerable time for young children because so much is growing and changing. Infants and young children depend upon their families and caregivers to protect them and provide nutrition, stimulation, love, medical care and guidance through these short five or six “wonderful years”.

This is time to “He Lei Na Keiki” or to “Cherish the Beloved Child”. It is important to know how problems such as child abuse and neglect, lack of medical care and poor nutrition can harm the development of very young children. Here are seven critical areas of development for infants and young children that are impacted by the issues presented in this book:

**BRAIN GROWTH** Major changes can be expected in brain growth. A newborn baby's brain is about 30% of adult brain size and by age three years it is about 85% the size of yours. Yet it will still take another 18-20 years to complete brain growth! Early pre-natal care and proper nutrition during pregnancy can help brain growth well before a child is born. Threats to brain growth come from mother's smoking, consumption of alcohol and drugs such as cocaine, infections, or even prolonged stress such as domestic abuse. Careful feeding, loving care, stimulation, avoiding illness through immunization and offering books, play and good early childhood education will help the brains of young children to grow and develop.

**BODY** The rate and types of physical growth which occur from pregnancy through early childhood are astounding. 90% of a baby's body parts are in place only eight weeks after conception - often before a mother even knows she is pregnant. Increase in body weight triples for a baby between birth and around age one year. Between birth and five years a child gains over five pounds per year (an average 5 year old weighs 38-45 pounds) and grows two to three inches per year (height of five year-olds averages around 42-46 inches).

**ATTACHMENT AND SECURITY** Feelings of being wanted and loved are as important to infant-child growth as food and water. The first few years of life, even before birth, are profoundly important in terms of attachment and security. This develops between infants and their caregivers through daily activities. Young children learn they can count on an adult (or more than one) and will actually learn and explore more because they feel there is a “home base” where they are loved and appreciated.

**LANGUAGE** Language learning is a lifelong task and the rate at which infants and young children learn is astonishing. By the age of one year an infant may speak one or two words which are recognizable to adults; by the age of two years, over two hundred words. A six year old may speak several thousand words and understand 12-13,000 words. Infants and young children probably understand much more than they can say. Language learning and school success go hand in hand. Language is affected by physical and emotional health, by brain growth and by the environment.

**THOUGHT** Infants and toddlers move from being reflexive beings to actively exploring the world on their own. Young children become problem solvers, learn how to pay attention, ask questions, and build up memories every day. Best of all, early childhood is a magical time when imagination begins to blossom. Children need to explore in a safe, healthy place. They need adults to answer questions patiently and to offer interesting things to do. It is difficult for babies and young children to develop intellectually if there is shouting and fighting going on, or because of illness due to lack of immunization, or if a mother was using drugs before birth and her child is fighting the results of addiction.

**LEARNING TO GET ALONG** During the first years of life infants learn about themselves through their interactions with others. They need to be held and cuddled, involved in talking and smiling. They are very interested in other people and model social behavior on what they see. Toddlers learn to wait their turn, not to hurt others, and explore positive ways to play with children and adults. By four or five young children are interested in super heroes. They like to do simple chores and to feel they are helping out and contributing to their family or child care program. They need to feel that they belong and are wanted by others.

**GENDER ROLE** Feelings about gender may be affected even before birth, when family members begin “role creation”, imagining how their child will be. By the time a child is two, she knows that she is a girl, and that girls turn into women (this is called “gender constancy”). Boys realize they will become men. All children, both boys and girls, need to be encouraged to explore, speak for themselves, play actively, and try out new skills. Girls and boys learn they can make mistakes and then try again. Young children develop a self-concept, learning who they are and what they can do. Being a female, or being a male, greatly influences what a child will become!





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IMPORTANCE OF INDICATOR: STORY TOLD BY THE DATA:

Research shows that women who receive adequate early prenatal care are more likely to give birth to healthy, full-term, normal-weight babies. It is an indication of maternal health and preparation for parenthood. Mothers who lack health insurance are less likely to seek and obtain prenatal care.

GENDERED IMPACT:

Gender is of great interest in the prenatal period, with some cultural preferences for the first child to be male. As gender is unknown through the first trimester, there is no logical impact on prenatal care during that time. However, once the baby's gender is known, it can have an effect on consistency of prenatal care and on other planning for care after the birth. Although the earlier periods showed slightly more baby girls having had early prenatal care, the most recent data favors baby boys.

PERCENT OF BABIES BORN TO WOMEN WHO GOT EARLY PRENATAL CARE

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1994	Recent Trend
State	76.2	68.9	-1.01	81.2	3.29	●

COUNTY:

Honolulu	78.5	67.6	-1.46	83.2	4.14	●
Hawai'i	68.7	71.0	0.32	77.5	1.74	●
Kaua'i	66.0	66.2	0.03	77.6	3.15	●
Maui	71.2	72.7	0.20	72.3	-0.11	●

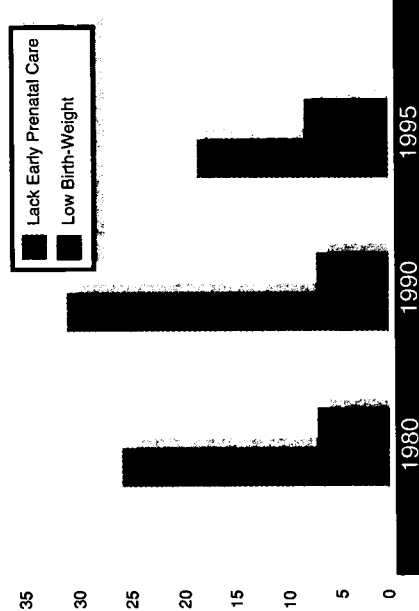
ETHNICITY:

Caucasian	81.3	75.1	-0.79	87.6	5.23	●
Japanese	88.4	81.1	-0.87	93.0	6.56	●
Hawaiian	71.5	70.0	-1.17	78.5	6.34	●
Filipino	75.5	67.8	-1.08	84.4	8.43	●
Chinese	88.2	80.2	-0.95	92.8	8.99	●
Pacific Islander	48.8	39.8	-2.02	70.8	16.21	●
African-American	74.3	65.4	-1.27	80.8	7.68	●
Other	64.8	65.8	0.15	88.0	11.35	●

GENDER:

Male	75.5	68.3	-1.00	81.3	3.47	●
Female	76.9	69.4	-1.02	81.1	3.10	●

LATE CARE VS. OUTCOME



This graph details changes in early prenatal care and low weight births. Despite great improvements in the percent of women getting early care, low birth-weight babies continue to be a concern in our state.

# LOW BIRTH-WEIGHT INFANTS

## PORTANCE OF INDICATOR:

Infants weighing less than 5.5 pounds

at birth have an impaired ability to survive the first year of life. While the survival rates of low birth-weight infants have increased due to advances in neonatal medicine, their chances for optimal health and development are reduced. Low birth-weight has been associated with mental retardation, birth defects, cerebral palsy, epilepsy, hearing and vision defects, delayed speech, and chronic lung problems.

Low birth-weight infants are a diverse group: some are born prematurely, some are full-term but

small for their gestational age, and some are both premature and small.

## STORY TOLD BY THE DATA:

The proportion of births at low birth-weight is increasing in most sub-populations, even though early prenatal care is increasing and the teen birth rate is decreasing. The latter two factors are normally associated with a reduction in low weight births. An increasing percentage of low birth-weight babies on O'ahu and Kaua'i caused the state average to increase, although Hawai'i and Maui counties experienced a decline.

## GENDERED IMPACT:

There has been a consistent pattern in Hawai'i of a greater proportion of females than males having low birth-weight. However, the infant mortality rate of females has been consistently lower than that of males in the last decade.

## PERCENT OF BABIES WITH LOW-BIRTH-WEIGHT (less than 5.5 pounds)

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	7.1	7.1	0.0	7.8	1.84	●

### COUNTY:

Honolulu	7.2	7.1	-0.04	8.1	2.45	●
Hawai'i	6.1	7.7	2.43	7.6	-0.20	●
Kaua'i	7.5	8.0	0.75	6.7	-3.80	●
Maui	7.5	5.7	-2.83	6.5	2.56	●

### ETHNICITY:

Caucasian	5.4	5.6	0.30	5.8	0.70	●
Japanese	7.0	6.9	-0.14	8.5	4.23	●
Hawaiian	7.1	7.4	0.41	7.7	0.80	●
Filipino	9.6	8.8	-0.87	10.0	2.49	●
Chinese	4.6	6.2	2.90	6.5	1.01	●
Pacific Islander	3.9	4.1	0.58	4.9	3.43	●
African-American	10.0	11.0	0.97	10.3	-1.20	●
Other	6.7	7.4	-10.67	8.0	1.62	●

### GENDER:

Male	6.7	6.6	-0.23	7.7	3.27	●
Female	7.5	7.7	0.28	7.9	0.47	●

## IMPORTANCE OF INDICATOR:

The risk of death for children and youth is highest in infancy. Individuals don't face an equally high risk of death until they reach the age of 65 or older.

The infant mortality rate is an important measure of the well-being of infants, children, and pregnant women because it is associated with a variety of factors, such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices. The Centers for Disease Control and Prevention have found that about one-third of infant deaths are associated with conditions or events that

arise after delivery, which often reflect social or environmental factors.

## STORY TOLD BY THE DATA:

The trend toward fewer infant deaths continued, reflecting improvements in neonatal care and access to that care. All counties shared in the trend, with the greatest improvements occurring on the neighbor islands. However, the number of infant deaths is quite small which makes the variability unreliable. There was more difference in the ethnic distribution, with the improvement made in the three largest groups and among African Americans.

## GENDERED IMPACT:

Although there are more males born each year, they also have a higher percentage of infant deaths. This difference is long-standing and seems to reflect a greater hardness among females at the youngest age.

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# INFANT MORTALITY

## INFANT MORTALITY RATE

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	10.1	6.5	-4.47	5.7	-2.45	●

### COUNTY:

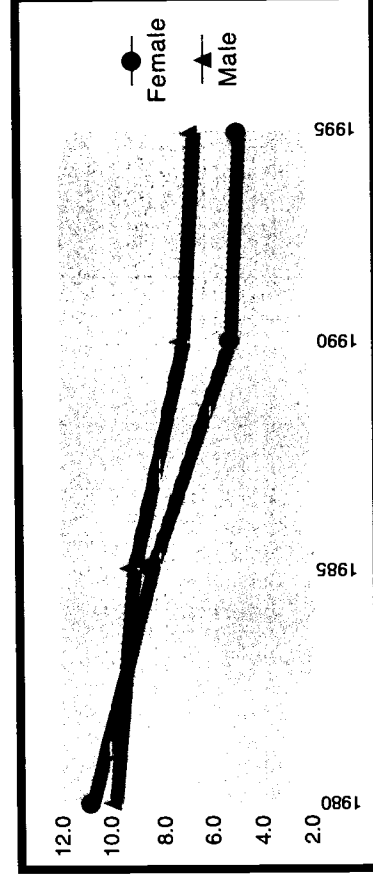
Honolulu	10.1	6.4	-4.59	6.0	-1.14	same
Hawai'i	9.2	9.0	-0.29	7.4	-3.87	●
Kaua'i	11.6	4.2	-10.07	2.4	-11.55	●
Maui	10.6	5.3	-6.87	3.2	-10.28	●

### ETHNICITY:

Caucasian	12.0	4.8	-9.24	4.5	-0.89	●
Japanese	6.8	7.5	0.94	3.5	-14.90	●
Hawaiian	9.6	8.3	-1.40	6.0	-6.59	●
Filipino	11.9	3.6	-12.03	5.3	7.71	●
Chinese	8.7	3.9	-8.08	6.8	11.22	●
African-American	11.6	11.4	-0.20	4.9	-16.78	●
Pacific Islander	16.6	5.1	-11.74	9.7	12.83	●
Other	7.5	6.9	-0.77	11.7	10.53	●

Male	9.9	7.3	-3.00	6.6	-2.28	●
Female	10.2	5.5	-6.10	4.8	-2.65	●

## GENDER DIFFERENCES IN INFANT MORTALITY



The improvement in mortality has been more constant for females and the gap is growing. Since 1980, this rate has declined by 33% for males and 53% for females.

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**IMPORTANCE OF  
INDICATOR:**

Adequate immunization protects children against several diseases that killed or disabled many children in past decades. Rates of childhood immunization are one measure of the extent to which children are protected from serious preventable illnesses.

**STORY TOLD BY  
THE DATA:**

Very modest improvement in the statewide immunization rate is noted. As no information is available regarding the counties or ethnic groups, it is not known whether this reflects a general trend or masks very unequal rates and trends.

**GENDERED IMPACT:**

No Hawai'i data are available to indicate whether immunization rates differ for males and females.

## PERCENT FULLY IMMUNIZED BY AGE 2

	1987	1992	Annual Rate of Change 1987-1992	1995	Annual Rate of Change 1992-1995	Recent Trend
State	67.9	60.8	-2.21	63.2	0.31	●
PHN Surveys at Clinics		1993	1995	% Change		Trend
Honolulu		44	42	-4.55		●
Hawai'i		63	76	20.63		●
Kaua'i		24	60	150.00		●
Maui		25	81	224.00		●



Photography courtesy of Tami Dawson/Photo Resource Hawaii

# CHILDREN AT-RISK FOR DEVELOPMENTAL PROBLEMS

## IMPORTANCE OF INDICATOR:

National studies have estimated that 25% of children between birth and age 3 are affected by a factor that could hinder their development: a developmental delay (cognition, speech, language, health, motor skills, vision, hearing, etc.); a biological risk (mental or physical condition that has a high probability of resulting in a developmental delay); and/or environmental risk (living in socio-economic conditions that are

known to have a negative effect on development). Early identification and provision of services may ameliorate many of these conditions.

## STORY TOLD BY

### THE DATA:

There has been an increase in the rate of identification of children with problems that may adversely affect their development. Information is not available for the counties or for other sub-populations.

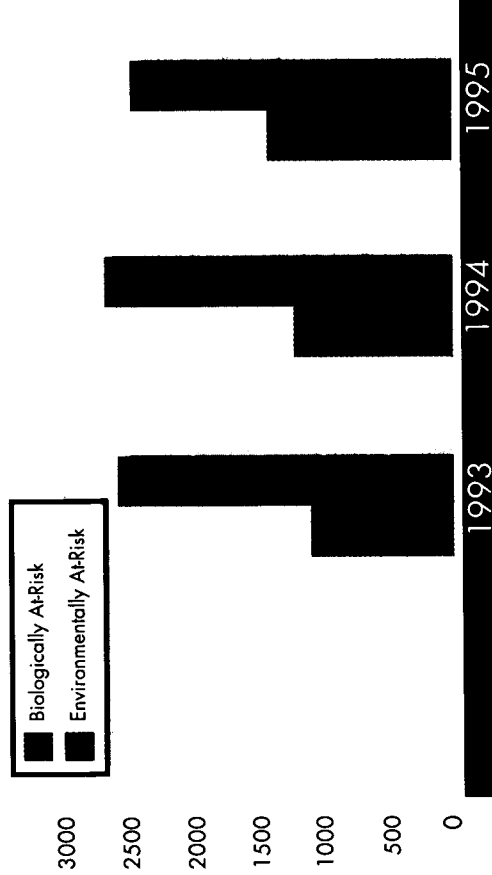
## GENDERED IMPACT:

No data are available to know the differences by gender.

## PERCENT IDENTIFIED AS 'AT-RISK' FOR DEVELOPMENTAL DELAY

State	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
	4.1	5.6	15.76	6.9	10.43	●

## TRENDS IN RISK



The proportion of children identified as environmentally at-risk has declined in the last three years. Both number and proportion of those at-risk due to biological factors have increased.

The increase in children identified and served in 1994 was reflected rather evenly in both risk categories.





**IMPORTANCE OF INDICATOR:**

Numerous studies continue to show that early childhood education is very important to the future of every child. Quality preschool experiences lead to higher academic achievement, school completion and adult successes. This is especially marked for children from families with severely limited resources as it prepares the children to enter school on a more equal footing with their peers.

**STORY TOLD BY THE DATA:**

Considerable Improvement has been made in promoting access to early education for disadvantaged children. However, most of the improvement was made in the early 1990's, with 1995 enrollment actually slightly below 1994. The greatest increase in opportunity has been in Hawai'i County; the least improvement has been in Kaua'i.

**GENDERED IMPACT:**

No information was available by gender on enrollment or on poverty status, although there is little reason to suspect that the opportunity would be greater for either boys or girls.

PERCENT OF POVERTY FOUR-YEAR-OLDS IN SUBSIDIZED PRESCHOOL

	1980	1990	Annual Rate of Change 1990-1994	1995	Annual Rate of Change 1990-95	Recent Trend
State	n.a.	41.8	n.a.	69.5	10.15	●
COUNTY: (total participation of four-year-olds, disregarding poverty status)						
Honolulu		941		1414	50.27	●
Hawai'i		170		425	150.00	●
Kaua'i		113		116	2.65	●
Maui		211		295	39.81	●



Photography courtesy of Tami Dawson/Photo Resource Hawaii

### IMPORTANCE OF INDICATOR:

Each developmental period provides new conflicts for the maltreating family. Birth and early bonding may be complicated by the emotional immaturity of the parents and poor personal relationships of the mother. Inadequate bonding leaves the child at risk for abuse.

Very young children who are abused or neglected often demonstrate poor motor control, a lack of social responsiveness, slow lan-

guage development, and a general mistrust of the environment. Their fragility places them at high risk of serious injury, permanent disability, and death.

### STORY TOLD BY THE DATA:

The child abuse and neglect rate in 1995 was less than in 1990, the years of comparison shown. However, the 1995 rate was slightly higher than in 1994 or 1993.

### GENDERED IMPACT:

Data are not available to determine the different risks for boys and for girls in this age category.

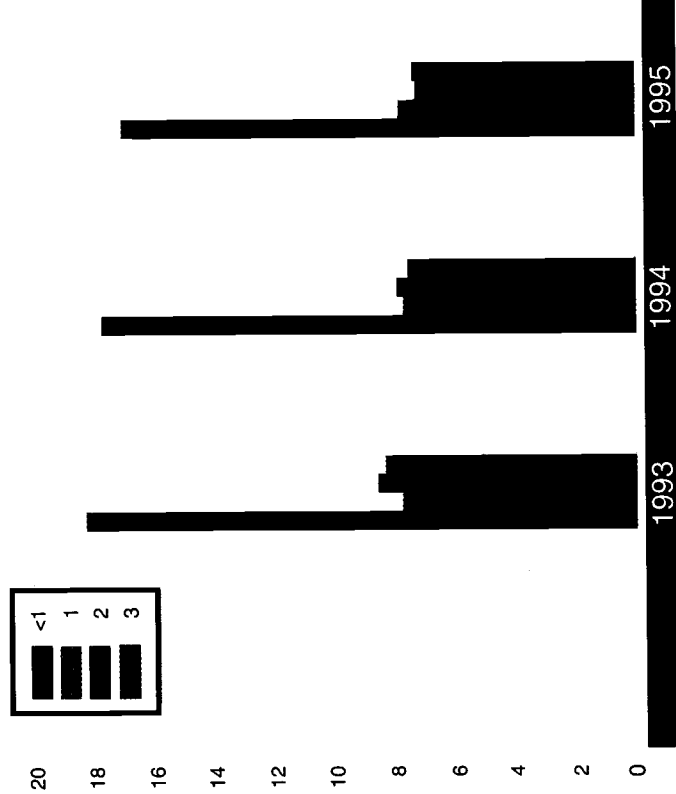
## RATE OF CHILD ABUSE AND NEGLECT, AGES 0-5 (per 1,000 children of this age)

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	4.3	10.3	8.81	9.1	-2.57	●

### AGE-SPECIFIC RATES:

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
<1 year	4.8	30.1	18.32	17.1		●
1 year	4.0	5.9	3.87	7.7		●
2 years	4.0	10.4	9.53	6.8		●
3 years	3.7	5.6	4.10	7.4		●
4 years	3.5	7.6	7.84	6.7		●
5 years	5.8	4.2	-3.06	9.5		●

### RATES OF CHILD ABUSE AMONG THE YOUNGEST



Children are at twice the risk of child abuse before they reach their first birthday. Declines in abuse for the youngest, most fragile children are noted for all but one-year olds.

*The primary finding*  
*[of the Carnegie Council on*  
*Adolescent Development] was that*  
*young people (especially*  
*10- to 14-year-olds) are being given*  
*increased autonomy at precisely*  
*the age when they most need adult*  
*support and guidance.*

This is the least studied period of human life, except for research into educational processes. What do we know about the kids between the ages of 6 and 12? So much is changing – and especially rapidly at the later part of this age range – that it is difficult to make generalizations.

*This is a critical developmental stage that involves:*

preparation to enter adult world; important health issues; solidifying self esteem; development of friendships and a period of openness to others; moral development; and continued maturation of motor skills.

At this age, kids begin to think logically and apply rules systematically to obtain new information. Problem solving is generally limited to the consideration of actual properties of objects.

How do children between 6 and 12 see themselves as compared to the expectations of school, family, community and peers? Because children have shifted to a new level of cognitive development and are more socially and politically aware of themselves, they interpret sources of information -- peers, television, video games, sport coaches, teachers and so forth differently. School-age children begin to understand how they fit into the larger society and how the views and mores of that society impact what they do. Events such as personal failure, prejudice, injustice and rejection will probably enter their lives.

Children grow rapidly in all areas during these years. Physically, new coordination skills, stamina and strength allow them to play and enjoy both individual sports (tennis, gymnastics, swimming) and team sports (soccer, baseball, hockey). Both boys and girls are more interested in competition because they can understand game rules and can focus on developing new skills. It is extremely important for school-age children to be active and to develop a lifestyle that will encourage them to remain active throughout their lives. Physical activity is one key to a sense of health and general well-being.

Middle childhood is a time of steady growth in all developmental areas. Children who have confidence in themselves and in their interactions at home usually perform well in school and community activities. However, outside influences such as television, drugs and violence worry both parents and children. Children's goals in middle childhood are to bolster their self-concept;

to confront the social issues of acceptance, rejection, fairness and self-discipline; and to meet academic and physical challenges.

In the past three decades, some have begun to pay attention to the disappearance of childhood from the life cycle. In today's social climate, the emphasis appears to focus on babies leaving the crib to become miniature adults, similar to the views of generations of Europeans prior to the sixteenth century. Along with the resurgence of children looking and acting as adults at a younger age comes society's push to accept and even promote more sophisticated behavior at an earlier age. Caught in this frustrating age of development, today's children experiment with behaviors thought to be adult-like with little ability to ascertain the good and bad of such behavior.

Schools, too, may be part of this push toward adulthood. The emphasis on measuring students' progress has left little time for dealing with children's spontaneous interests and with areas that cannot be measured by tests. Television portrays adolescents as precocious, wise and insightful beyond their years. There is danger in this message as youngsters become dissatisfied with themselves, and parents and adults begin to accept such mature behavior as the norm. In addition, television exposes kids to all the world's ills such as famine, war, pollution, political corruption and unrest. Some have theorized that this lack of secrets between adults and children encourages less distinction between the two age groups.

The changing family unit, too, has been instrumental in effecting change in childhood's role in society. Many kids are forced into early independence, a fact largely attributable to the growing number of single-parent families, step-families and families where both parents work. While many such families function productively, children from these homes often experience frustration. Many are alone for long periods of time. Often, the parents are involved with personal concerns that render them incapable of dealing with their children's problems.

These can be years of wonder as well as years of risk, as pointed out in the recent study by the Carnegie Council on Adolescent Development. The primary finding was that young people (especially 10- to 14-year-olds) are being given increased autonomy at precisely the age when they most need adult support and guidance. The most recent emphasis on the importance of mentoring can have only positive effects in this period of great change and development.



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Photography courtesy of Edith Watanabe

**IMPORTANCE OF INDICATOR:**  
**STORY TOLD BY THE DATA:**

The child death rate is a reflection of Hawai'i has had a low child death rate compared to other states and that rate has continued to drop. Caution must be exercised in examining rates for the counties, as the small number of deaths means that wide variation in rates is illusory. These vary by age group.

**GENDERED IMPACT:**

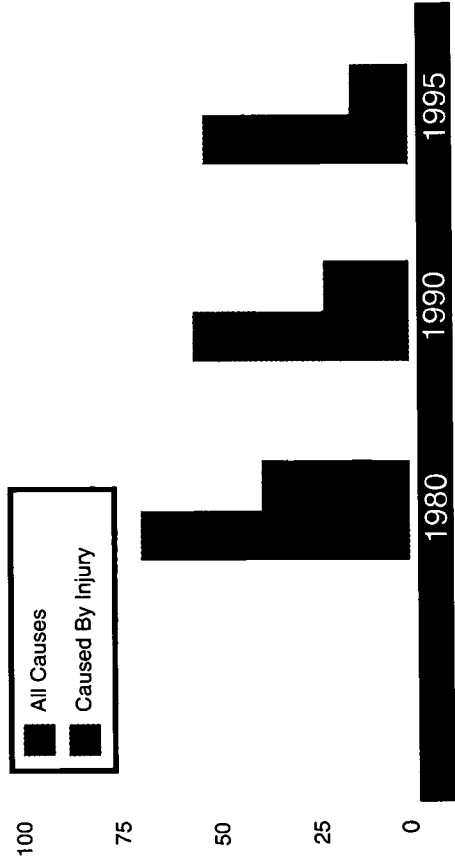
Most years in the last decade or longer have seen significantly fewer child deaths among females than males, often one-half or one-third as many. However, in 1995 there were slightly more female child deaths than male. Generally, deaths from illness have been roughly the same between girls and boys, while boys are more often involved in injury deaths.

CHILD DEATH RATE, AGES 1-14  
(per 100,000 children)

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	33.1	24.3	-3.11	22.4	-13.17	●
COUNTY:						
Honolulu	n.a.	20.4	-4.39	19.9	-13.66	●
Hawai'i	n.a.	36.0	6.28	23.3	-18.13	●
Kaua'i	n.a.	43.7	-2.20	8.1	-37.43	●
Maui	n.a.	28.0	-4.22	25.9	-18.54	●

	ETHNICITY: (NUMBER OF DEATHS)					
	1980	1990	1995	% of all child deaths	% of population	
Caucasian	14	9	3	4.4%	30%	●
Hawaiian	20	20	26	58.7%	18%	●
Japanese	15	5	5	13.2%	16%	same
Filipino	10	11	5	11.9%	18%	●
Chinese	3	1	1	10.9%	4%	●
Pacific Islander	3	2	3	36.0%	4%	●
African-American	1	1	2	28.2%	3%	same

PROPORTION OF CHILD DEATHS OFFICIALLY FROM INJURIES



In 1980, 55% of all child deaths were officially attributed to injuries; in 1995 the percentage was 26%. However, knowing the cause of death in children is not always a straightforward matter.





**PORTANCE OF**

**INDICATOR:**

Children, especially in elementary school, need supervision and guidance, both at school and in the hours outside school. Hawai'i has a high percentage of children with both parents or their only custodial parent in the labor force. This percentage is higher than most states and has increased in recent years.

Hawai'i has the only state-wide system of child care for elementary students and its financing is a public-private partnership with parents.

Many other arrangements are possible for working families to assure supervision of children after school: parents may work differing

hours and share the responsibility; grandparents or other extended family members may be able to help; and private care can be arranged. However, an increase in the percent of children in A+ is used here as an indication of consistent, licensed care for children after school hours.

**STORY TOLD BY**

**THE DATA:**

Slightly fewer children eligible for the A+ program were enrolled. However, the enrollment numbers have increased, offset by a larger number of children with both parents or their only parent working.

**GENDERED IMPACT:**

Data are not available from the Department of Education about enrollment by gender. However, studies have shown that after school activities by children differ, with girls being more likely to be expected to do home chores and boys likely to be in self care at an earlier age.

**PERCENT OF WORK FORCE CHILDREN IN AFTER SCHOOL PROGRAM (ages 5-10)**

State	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
	n.a	43.3	n.a.	41.3	-0.95	●

COUNTY:						
Honolulu		n.a.		42.1		
Hawai'i		n.a.		40.7.		
Kaua'i		n.a.		45.9		
Maui		n.a.		37.2		

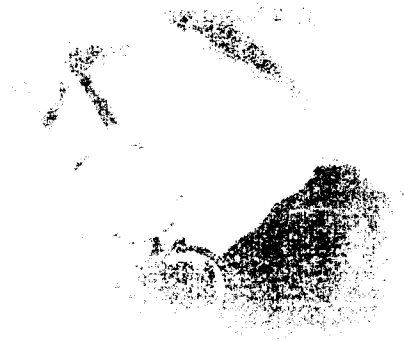


Photo courtesy of Tami Dawson/Photo Resource Hawaii

By Beverly B. Grogan, Branch Director, Mental Health Association in Hawaii County

**BOYS AND GIRLS ARE DIFFERENT.** Just ask any parent who has at least one of each, and they will tell you about their flirty, chatty toddler daughter and the same-age son who points fingers and says "bam!-bam!" because the parent doesn't approve of toy guns.

Healthy emotional development, however, requires similar supports for both boys and girls. We know that reliable, responsive parents and caretakers are essential for children to develop a sense of safety, resilience, confidence and competence.

We also know (but often deny knowing) that kids have mental health problems. We know that many emotional and behavioral problems in children are genetic in their origin, but the onset and severity of those problems is clearly linked to households with high levels of chaos, stress, violence, abuse and poverty.

What is not so clear is why boys are diagnosed with mental health problems at a much greater rate than girls. For instance, five times as many boys as girls are diagnosed with attention deficit/hyperactivity disorder (ADHD). In the first months of the Big Island Demonstration Project for children's mental health services, over twice as many boys as girls were registered with a wide range of mental health problems.

Even experts vary as to the apparent "gender difference". Some have argued that boys are neurologically more fragile than girls, and therefore, more susceptible to the effects of disordered households and family life. Others say that girls are more likely to be depressed, withdrawn and isolated – less troublesome – and simply fall through the cracks because they don't call so much attention to themselves.

Whatever their gender, kids in Hawai'i are at great risk. Federal estimates are there are as many as 30,000 youngsters in Hawai'i with diagnosable mental health problems. The potential cost to our state – in money and ruined lives – of not providing services to these kids is astronomical.



Photography courtesy of Tami Dawson/Photo Resource Hawaii

# ACADEMIC PROGRESS IN ELEMENTARY YEARS

## IMPORTANCE OF INDICATOR:

One primary responsibility of childhood is to master basic intellectual skills. These provide a foundation for later learning and for success in the adult world not only in financial terms, but in terms of contribution to society and personal satisfaction. This indicator looks at the measure most consistently available: scores on the Stanford Achievement Test (S.A.T.) math section for third graders in the public schools.

## STORY TOLD BY THE DATA:

Although scores for 1990 are reported, the 1995 scores are best compared to those of 1992 when a new edition of the test was used. On the state level, fewer third graders scored average or above average in 1995 than in 1992. This is primarily due to a significant drop in Hawaii County, although Maui also experienced a slight decline.

## GENDERED IMPACT:

Data are not available from the Department of Education to determine the differences in S.A.T. scores for boys and girls. However, on the National Assessment of Educational Progress (a preferred indicator when available), boys do better than girls nationally. That situation is reversed in Hawaii. (Also, see the introduction to the Adolescence and Youth section, p. 38).

## PERCENT OF THIRD GRADERS SCORING AVERAGE AND ABOVE AVERAGE IN MATHEMATICS (Stanford Achievement Test)

	1990	1992	1995	Percentage of Change 1992-1995	Recent Trend
State	80.1	81.3	80.8	-0.64	●
COUNTY:					
Honolulu	80.2	82.1	82.1	0.03	●
Hawai'i	74.6	77.9	72.0	-7.59	●
Kaua'i	81.4	78.1	78.7	0.75	●
Maui	86.3	82.6	80.8	-0.64	●

## IMPORTANCE OF INDICATOR:

There are at least four overlapping groups of children who have demonstrably special educational needs: those with developmental delays or intellectual deficit; those whose emotional problems interfere with learning; those from poor economic or nutritional circumstances; and those with limited ability to communicate in English, the language of instruction. Often, early health problems and high levels of family stress combine with a family's limited economic resources to cause these learning difficulties. This indicator reports only those in the public schools with intellectual

limitations that require special programs and support for the child to fulfill their educational potential.

## STORY TOLD BY THE DATA:

The number students enrolled in special educational programs has continued to increase. While logic would indicate that fewer students is the 'improvement' sought, this report will highlight an increase in services provided as the desirable state. National studies have determined that nearly 12 percent of students should be identified for services, so progress can be measured toward that goal.

## GENDERED IMPACT:

The Department of Education does not provide this information separately for boys and for girls.

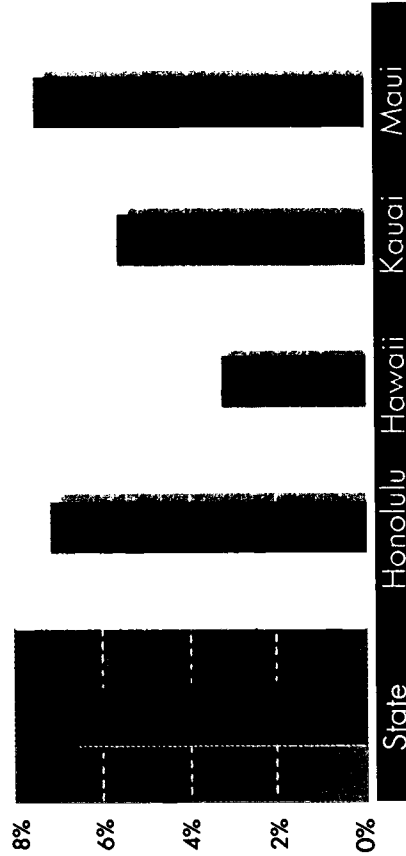
PERCENT OF PUBLIC SCHOOL ELEMENTARY STUDENTS IN SPECIAL EDUCATION

	1980	1990	Annual Rate of Change 1980-90	1995	Annual Rate of Change 1990-95	Recent Trend
State	4.5	4.4	-0.19	5.6	4.82	●

### COUNTY:

	1993	1995	% Change	Trend
Honolulu	5.7	5.5	3.5	●
Hawai'i	5.3	5.7	7.5	●
Kaua'i	6.7	7.9	17.9	●
Maui	4.8	4.6	4.2	●

## LIMITED ENGLISH PROFICIENCY



Students identified with limited ability to understand and communicate in English may have greater difficulty with all school subjects and are at risk of school failure without assistance. This chart indicates the percent of elementary students benefiting from targeted help.

# OTHER EDUCATIONAL MEASURES IN ELEMENTARY YEARS

## IMPORTANCE OF STORY TOLD BY

### INDICATOR: THE DATA:

As academic achievement is a measure of intellectual growth, other measures can speak to character development, family stability and support, and responsibility in being present for instruction. Records of disciplinary action, which have been included in previous databooks, were not sufficiently available to be included this year.

Oahu has the best attendance, but the lowest percentage of students completing the school year in one school. Hawai'i County has a much higher percentage of children receiving free or reduced price meals at school.

### GENDERED IMPACT:

Data were not available from the Department of Education to look at differences between boys and girls on these measures.

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## 1995 Average Daily Attendance

State.....	94.2%
County:	
Honolulu .....	94.5%
Hawai'i.....	93.2%
Kaua'i.....	93.9%
Maui.....	93.2%

## 1995 Percent Receiving Free/Reduced Price Lunch

State .....	42.4%
County:	
Honolulu .....	39.8%
Hawai'i .....	56.0%
Kaua'i .....	40.2%
Maui .....	40.5%

## 1995 Percent Completing Year in Same School

State .....	85.8%
County:	
Honolulu .....	83.5%
Hawai'i .....	90.2%
Kaua'i .....	92.9%
Maui .....	91.9%



### IMPORTANCE OF INDICATOR:

Abused children in this age group often have difficulty relating to peers and are unable to make the transition to structured learning in the classroom. School problems and behavior problems are probably part of the child's life. Preadolescence is a common age for sexual abuse to commence.

Child abuse and neglect occurs in every neighborhood and every ethnic, religious, and economic group. Research shows it is less likely to occur to healthy, attractive children and in families with savings

in the bank. Families facing few stressful events and having good social supports (including religious affiliation) are generally safer for children.

### STORY TOLD BY THE DATA:

The rate of confirmed child abuse and neglect has changed little in the past three years, although the number of cases reported has increased. In 1990, 56% of all reports met the legal requirements for being 'confirmed'; in 1995, only 46% of cases reached this level.

### CONFIRMED DATA:

According to the most recent data available, 45% of the children confirmed victims of child abuse and neglect were males, 55% were females. Although gender information is not available for the separate age groups, adolescent females are known to have much higher rates of abuse, often sexual abuse.

## RATE OF CHILD ABUSE AND NEGLECT, AGES 6-11 (per 1,000 children of this age)

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	3.2	4.9	8.81	6.8	6.93	●

## RATE OF CHILD ABUSE AND NEGLECT, AGES 0-17 (per 100,000 children of this age)

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	3.6	8.1	8.10	7.6	-1.39	●

### COUNTY:

Honolulu	3.6	7.2	6.93	6.0	-3.43	●
Hawai'i	2.8	4.5	4.82	13.1	21.42	●
Kaua'i	5.3	14.8	10.25	9.8	-8.16	●
Maui	2.6	6.4	9.12	11.2	11.09	●

### ETHNICITY:

Caucasian	3.1	4.7	4.10	3.3	-7.21	●
Japanese	0.5	0.5	-0.40	0.4	-5.36	●
Hawaiian	4.9	13.2	9.91	13.8	1.00	●
Filipino	1.5	3.0	6.73	2.9	-.80	●
Chinese	1.4	0.8	-5.28	0.9	1.86	●
African-American	4.4	9.4	7.60	3.9	-17.27	●
Pacific Islander	n.a.	9.8	n.a.	8.14	-3.77	●
Other	n.a.	31.5	n.a.	31.68	0.08	●

### GENDER:

Female	3.9	9.3	8.72	8.5	-1.71	●
Male	3.1	7.0	8.13	6.7	-1.11	●



*This is a critical time for youth  
in many ways, as they undergo a series  
of significant biological, personal,  
and social changes during the  
transition from the elementary to the  
high school years.*

This is a critical time for youth in many ways, as they undergo a series of significant biological, personal, and social changes during the transition from the elementary to the high school years. One aspect of these changes in particular has received much media attention in the past few years. This is the potentially different ways that girls and boys can both approach and experience some dimensions of adolescence, particularly those related to school. For instance, although adolescents in general can exhibit some drop in academic self-concept during those critical years, the decline can be especially marked for girls.

Gender-related disparities are especially notable with respect to academic areas traditionally considered to represent more “masculine” disciplines such as mathematics and science. Numerous studies show that, before adolescence, girls are as likely as boys to indicate an interest in science and mathematics and to express a strong self-concept with respect to ability to succeed in those subjects. Concurrently, their academic achievement also parallels that of boys on nationally normed, standardized tests. However, by the time they emerge from adolescence their science and math related interests and positive attitudes have declined dramatically. This has traditionally meant that girls choose to enroll in fewer advanced science and mathematics classes compared to boys – which can have long-ranging economic implications for them as it can effectively limit their future college and career choices to lower-paying options. For example, a recent study found that the overall wage differential favoring men (women currently earn only about 71 cents per every dollar earned by men) is reduced or even eliminated for young women who have earned eight or more mathematics credits in college. Thus, choosing not to take math or science in high school and/or college can have far-reaching implications for women.

But how and when do these disparities begin? Studies have shown that differences in the ways girls and boys are perceived and treated begin from the time an individual's biological sex is known. Gender roles are prescribed early in a child's life beginning with pink and blue blankets, progressing through Barbie dolls and chemistry sets and, later, home economics and electrical shop. These differences in practical experience can have significant impacts on students' science participation. Studies have found that boys have a greater repertoire of

mechanically or technologically related experiences from which to draw as they attempt to solve new problems or use new equipment in science, particularly during laboratory classes. This experience discrepancy means girls are already handicapped even as they begin science classes.

Unfortunately, discrepancies are multiplied and magnified during the adolescent school years by factors within the school itself. For example, even recent editions of high school science textbooks have been shown to exhibit gender bias in their focus on male scientists over female ones, illustrations of males engaged in active “scientific” endeavors and females in more passive or domestic ones, male-centered vocabulary, etc. The same is true for science computer software and even class science bulletin boards. Teachers themselves unknowingly foster the gender gap: boys more than girls are allowed to call out answers without raising their hands and to dominate group laboratory as well as discussion activities; and boys are more likely than girls to be asked higher-level questions and to receive critical feedback on their thoughts. Thus, girls and boys are likely to both come to science class and leave it with different science-learning experiences – which can then impact on their interest and willingness to enroll and succeed in subsequent higher-level science and mathematics courses or even careers. Combined with the sexual harassment reported in school hallways and classrooms by so many adolescent girls, it is no wonder that girls' self-concepts would tend to decline more dramatically than those of boys during those years.

As much of the gender gap is reinforced by both home and school factors, the years of youth and adolescence become even more critical with respect to parents' as well as teachers' roles in education. Although girls are now about as likely as boys to study advanced science and math in high school, especially in Hawaii, the other discrepancies remain and females still are not as likely to enter college or professional careers in the higher-paying technical fields. As the nation moves simultaneously towards the need for a more technologically able workforce and a more feminine and ethnically diverse one, it becomes even more urgent that homes and schools recognize and address the factors that can potentially impede the educational and professional progress of half of the population. To be effective, this must begin at least during the years of youth and adolescence.



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# ACADEMIC PROGRESS OF INTERMEDIATE SCHOOL STUDENTS

## IMPORTANCE OF INDICATOR:

scores were felt to be less affected by language familiarity than reading scores.

This is the only check on academic progress between elementary school and graduation used in this report.

The indicator looks at the measure most consistently available: scores on the Stanford Achievement Test (S.A.T.) math section for eighth graders in the public schools. Math was chosen here because Hawaii has many students for whom English is their second language and math

## STORY TOLD BY THE DATA:

Standardized test scores showed declines in the percentages of eighth graders scoring average or better on the SAT math section from 1994 to 1995 in every county and for the state. In fact, only three individual schools in the state showed gains for this time.

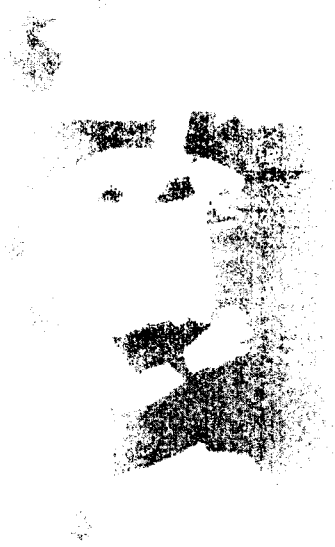
## GENDERED IMPACT:

No specific gender differences were available from the Department of Education. However, other researchers have noted differences as described by Dr. Arambula-Greenfield in the introduction to this section, p. 38.

## PERCENT OF EIGHT GRADERS SCORING AVERAGE OR BETTER ON SAT MATH TEST

	1993	1994	1995	% Change 1993-95	Recent Trend
State	75.0	73.8	69.8	-0.06	●
COUNTY:					
Honolulu	71.0	76.1	71.7	0.01	●
Hawai'i	64.5	72.1	59.9	-0.07	●
Kaua'i*	74.7	77.7	68.7	-0.08	●
Maui	62.5	70.7	63.2	0.01	●

\* includes some tenth grade students



## PORTANCE OF

### INDICATOR:

type of diploma earned is an indication of the extent of learning. These measures are known only for those who attend Hawai'i's public high schools (nearly 20% attend private high schools).

### STORY TOLD BY

#### THE DATA:

Attendance was improved in the counties of Hawai'i, Kauai, and Maui. In all other measures, including attendance on Oahu and the state average attendance, declined. The percent of students receiving free/reduced price lunch is a good current indication of poverty trends.

### GENDERED IMPACT:

Data are not available from the department of Education regarding gender differences in these measures.

### Average Daily Attendance

	1990	1995	Percent Change 1990-95	Recent Trend
State	90.8	90.1	-0.77%	●
County:				
Honolulu	91.1	89.6	-1.7%	●
Hawai'i	88.4	88.8	0.5%	●
Kaua'i	91.0	96.8	6.4%	●
Maui	88.4	90.6	2.5%	●

### Percent of Students Enrolled in Limited English Proficiency Program

	1990	1993	Percent Change 1990-95	Recent Trend
State	4.8	5.4	24.0%	more
County:				
Honolulu	6.1	6.4	14.3%	more
Hawai'i	2.3	3.4	50.0%	more
Kaua'i	2.5	2.9	8.7%	more
Maui	2.8	4.8	55.6%	more

### Percent of Seniors Earning a Diploma (course requirements met, plus passing Hawai'i State Test of Essential Competencies)

	1990	1995	Percent Change 1990-95	Recent Trend
State	92.1	89.4	-2.9%	●
County:				
Honolulu	91.5	89.1	-2.6%	●
Hawai'i	93.2	91.5	-1.8%	●
Kaua'i	93.8	89.4	-4.7%	●
Maui	93.4	88.8	-4.9%	●

### Percent Receiving Free/Reduced Price Lunch

	1990	1995	Percent Change 1990-95	Recent Trend
State	16.7	24.1	44.3%	●
County:				
Honolulu	11.5	20.7	80.0%	●
Hawai'i	36.2	38.3	5.8%	●
Kaua'i	12.5	19.5	56.0%	●
Maui	17.4	22.2	27.6%	●



## IMPORTANCE OF INDICATOR:

No single factor has been found to

have greater influence on the work

and income of adults than graduation

from high school. Work and income,

in turn, are largely responsible for

social standing and opportunities.

The importance of a high school

diploma cannot be over-stated for

most people. However, the impor-

tance of graduating from high school

within four years of entering the ninth

grade has not been established. With

Hawai'i's high migration rates, it is

difficult to place great reliance on any

comparison of a class at the begin-

ning and end of a four year period.

Department of Education records

show that approximately 5 percent of

intermediate and high school public

students withdraw and are verified as

entering other schools (private or

a slight increase in this measure.

out-of-state) each year. Another 2

percent withdraw, but their destina-

tion is unverified.

## STORY TOLD BY

## THE DATA:

The Current Population Survey con-

ducted by the Bureau of Labor

Statistics reports that, of Hawai'i's

youths ages 16-19 who have not

already graduated, only 5 percent are

not in school. Only three states have

a lower drop-out rate than Hawai'i,

according to this survey. However,

due to the fluctuations in migration

and the number of students earning a

GED, a very different picture is gained

by looking at 'on-time' graduations.

This rate has decreased 9.3 percent

in the last decade. All of the decrease

has occurred in the public school

sector, as private schools have shown

a slight increase in this measure.

## GENDERED IMPACT:

Data are not available regarding gender differences in graduation rates.

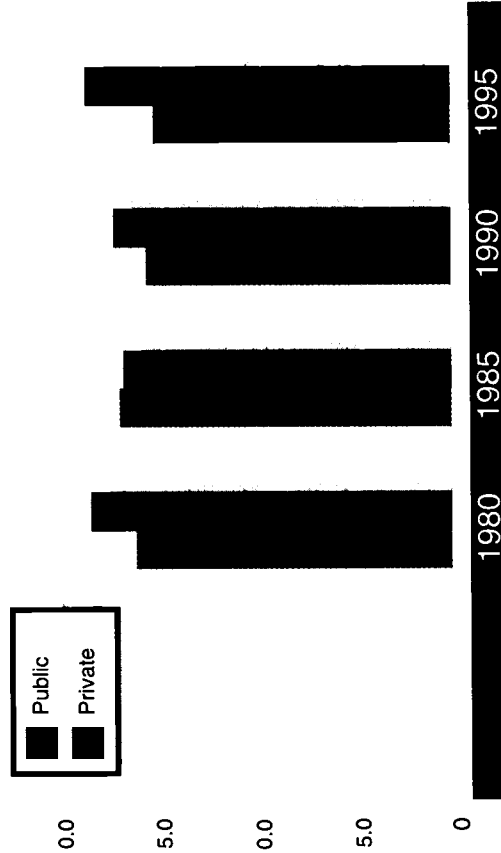
## PERCENT OF ON-TIME HIGH SCHOOL GRADUATES

	1985	1990	Annual Rate of Change 1985-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	85.0	79.6	-1.31	77.1	-1.11	●

## COUNTY:

Honolulu	82.8	77.5	-1.31	n.a.
Hawai'i	93.4	85.7	-1.72	n.a.
Kaua'i	95.2	96.3	0.22	n.a.
Maui	92.0	81.4	-2.45	n.a.

## TREND IN ON-TIME GRADUATION BY SCHOOL TYPE



Although on-time graduation rates were nearly equal in 1985, by 1995 the private schools had improved by 8 percent, while the public schools showed a 13 percent decline.



**IMPORTANCE OF INDICATOR:**

Youth who are unconnected to any productive activity are not making a successful transition to responsible adult roles. These youth have clearly not established a sound base for economic self-sufficiency and may be at risk of becoming dependent on welfare or engaged in illegal activities.

**STORY TOLD BY THE DATA:**

The proportion of the older teen population that is not engaged in

activities expected for their age is the same in Hawai'i as in the nation as a whole. While that proportion has remained fairly stable during this decade, the state's economic problems would be expected to cause this to rise. The difference between those 'not working' and 'not in the labor force' reflects the youth unemployment rate -- when one is unemployed but looking for work, one is still in the labor force.

**GENDERED IMPACT:**  
Unknown.

**IDLE TEENS**

**PERCENT 16- TO 19-YEAR-OLDS NOT IN SCHOOL, NOT WORKING**

	1985	1990	Annual Rate of Change 1985-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	11	10	-1.91	10	0.00	same

**PERCENT 16- TO 19-YEAR-OLDS NOT IN SCHOOL, NOT IN LABOR FORCE**

	1980	1990	Annual Rate of Change 1980-1990	1995
State	4.6	5.0	0.83	n.a.

**COUNTY:**

Honolulu	4.8	n.a.
Hawai'i	6.3	n.a.
Kaua'i	5.7	n.a.
Maui	6.4	n.a.



## IMPORTANCE OF INDICATOR:

Most adolescent misbehavior simply represents the testing of limits and adult resolution in enforcing those boundaries, or experimentation with adult activities. Some adolescents engage in more serious acts of delinquency or crime that may bring them to the attention of the juvenile or criminal justice systems. A few adolescents commit such serious criminal activities that there are lifelong consequences.

There are county differences in juvenile crime rates. Honolulu has a more serious problem than any of the neighbor islands. Hawai'i County's rate has changed little since 1990, while Kauai is the only county to experience a decrease.

## GENDERED IMPACT:

Females juveniles have accounted for 8% to 14% of the arrests for serious crimes in recent years, 10% on average. The types of crimes differ, with females being arrested for 12% of the robberies and 10% of the assaults, but none of the homicides in 1995. In less serious crimes, the involvement of females has been increasing so that they constitute 38% of the juveniles arrests. The only category in which more females than males are arrested is 'runaway'. This is no doubt a reflection of society's view that young women must be protected and controlled to a greater degree than young males.

## JUVENILE VIOLENT CRIME ARREST RATE (per 100,000 youths age 10-17)

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	218	242	1.06	288	3.43	●

### COUNTY:

Honolulu	232	249	0.70	319	0.05	●
Hawai'i	167	205	2.07	174	3.71	●
Kaua'i	188	243	2.55	172	0.45	●
Maui	160	229	3.59	255	-3.65	●

### GENDER:

Female	38	48	2.33	62	5.11	●
Male	386	423	0.93	503	3.44	●

### ETHNICITY: (percent of youth arrests for violent crimes)

	1980	1990	1994	1995	Recent % of youth population	Trend
Caucasian	8.5	14.1	12.3	12.5	30.2	●
Japanese	3.3	3.5	3.4	1.4	15.8	●
Hawaiian	46.7	32.2	31.6	32.4	18.4	●
Filipino	7.7	23.3	10.7	13.1	17.5	●
Chinese	0.4	1.1	1.5	0.0	3.8	●
Pacific Islander	12.9	13.8	16.0	19.6	3.5	●
African-American	0.4	1.1	6.4	3.5	2.9	●
Other	19.9	9.9	17.5	17.2	7.9	●

IMPORTANCE OF INDICATOR:

Most adolescents experiment with alcohol and many experiment with some type of prescription or illegal drug. Moreover, there is a close association between alcohol abuse and substance abuse. When experimentation becomes abuse, there are serious risks to health, education is jeopardized, and relationships with family and peers may be disrupted.

The national Year 2000 Objectives is to have no more than 28% of high school seniors engaging in recent occasions of heavy drinking of alcoholic beverages. Hawai'i meets that objective as only 25% of 12th graders in Hawai'i reported doing so. However, that average encompasses 29% of senior males and 21% of senior females. These numbers represent an increase over 1993 data for females and a 7% decrease for males.

GENDERED IMPACT:

Among high school students, more females (77.0%) than males (74.6%) have tried alcohol at some time during their life. This difference held true in the Hawaii Youth Risk Behavior Survey for every grade except 12th. Of students 15 years old or less, 37.5% females and 35.3% males had consumed alcohol in the month just preceding the survey. For all other categories of alcohol use and age or grade comparisons, more males than females were involved.

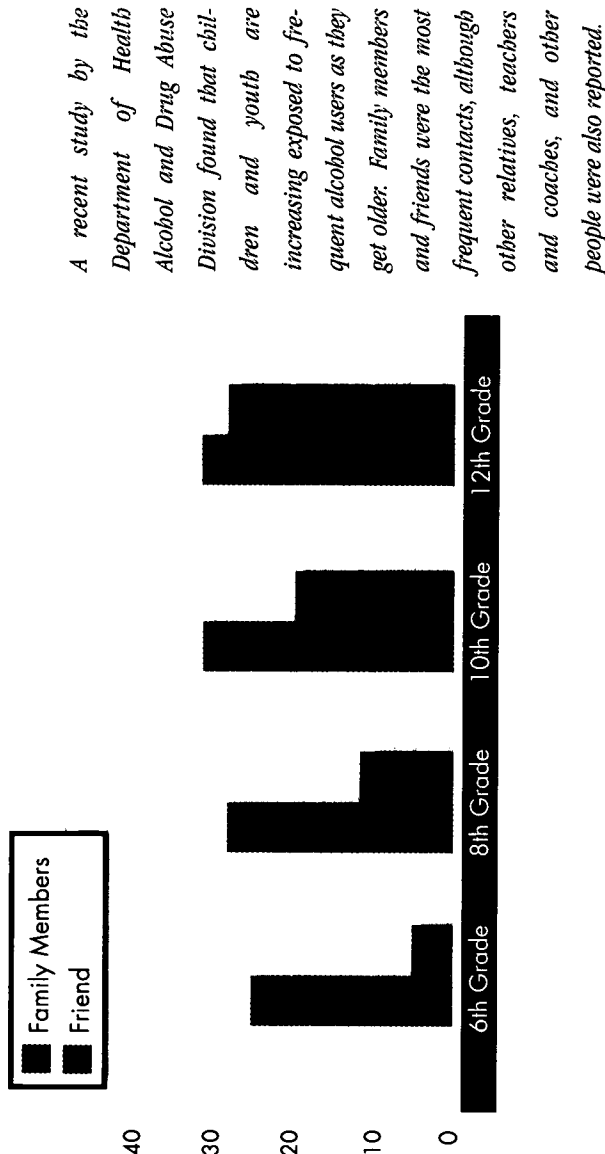
STORY TOLD BY THE DATA:

The national Year 2000 Objectives is to have no more than 28% of high school seniors engaging in recent occasions of heavy drinking of alcoholic beverages. Hawai'i meets that objective as only 25% of 12th graders in Hawai'i reported doing so. However, that average encompasses 29% of senior males and 21% of senior females. These numbers represent an increase over 1993 data for females and a 7% decrease for males.

PERCENT OF HIGH SCHOOL STUDENTS HAVING 5 OR MORE DRINKS OF ALCOHOL IN A ROW

	1993	1995	Percent of Change 1993-95	Recent Trend
State	22.7	24.0	5.7	●
GENDER:				
Female	20.9	20.2	-3.3	●
Male	24.3	27.9	14.8	●

EXPOSURE TO PEOPLE WHOUSE ALCOHOL, 1996



**IMPORTANCE OF INDICATOR:**

Pregnancy interrupts the ideal psychological and social development of adolescent girls, especially those under the age of 18. A pregnancy forces a young woman, and potentially her partner, to make some of the most serious decisions ever made by adults. When a pregnancy occurs in adolescence, these decisions may have to be made before education is completed or careers are commenced, and before an economically self-sufficient household has been

established. The pregnancy may disrupt relationships with peers or partners and may strain family ties.

**STORY TOLD BY THE DATA:**

The overall rate for teen pregnancy has continued to decline from the early part of the decade. In fact, although both Hawaii and Kauai Counties show an increase of 1995 data over 1990, the pregnancy rates in those counties has also declined over the past three years.

**GENDERED IMPACT:**

The impact of a pregnancy during the teen years on young females will vary depending on the intendedness of the pregnancy, its outcome, the age of the female, and her access to responsible social supports. Many adults have a difficult time recognizing that teen pregnancies may be planned, but a recent study found that 14% of them were intended at the time of conception.

**TEEN PREGNANCY RATE**  
(per 1,000 women age 15-19)

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	87.5	92.6	1.90	83.5	-2.07	☺
<b>COUNTY:</b>						
Honolulu	96.2	96.3	0.01	80.3	-3.62	☺
Hawai'i	73.9	93.3	2.32	98.8	1.15	☹
Kaua'i	75.6	91.3	1.89	91.9	0.14	☹
Maui	63.2	89.6	3.49	87.6	-0.46	☺

**AGE-SPECIFIC PREGNANCY RATES: (PER 1,000 WOMEN)**

15	22.1	29.9	3.02	27.3	-1.79	☺
16	42.0	47.7	1.28	48.6	0.38	☹
17	76.9	87.4	1.28	79.1	-2.00	☺
18	128.1	124.2	0.09	111.8	-2.90	☺
19	158.1	161.9	0.24	131.2	-4.20	☺

**TEENAGE PREGNANCY OUTCOMES**

Births unintended  
at conception 37%

Miscarriages 14%



Births intended  
at conception 14%

Abortions 35%

*A national study examining the intendedness and outcomes of teen pregnancy found that about one-half of pregnancies end with a birth and that two-thirds of those births were unplanned.*

IMPORTANCE OF

INDICATOR:

Adolescents are primarily affected by abuse, often sexual abuse, without the basic neglect that harms other ages. This developmental stage for kids marks the quest for control, separation, and identity –

important psychological work usually hampered by maltreatment. Abused youths are likely to demonstrate poor self-esteem and a poor body image, which often leads to self-injurious behavior. They fre-

quently separate abruptly from the family of origin through running away, becoming pregnant, or some other method of separation. Adolescent and adult survivors of abuse are known to be more likely to engage in later substance abuse.

STORY TOLD BY

THE DATA:

While still higher than in the early 1980s, the rate of abuse for youths is declining.

GENDERED IMPACT:

While Hawai'i data for this age group is not available separately for males and females, it is known that females are more likely to be victims of abuse, particularly sexual, than males. Indiscriminate sexual behavior and eating disorders, particularly bulimia, in adolescents have widely been linked to childhood abuse of females.

RATE OF CHILD ABUSE AND NEGLECT AGES 12-17

(per 1,000 children of this age)

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	3.7	7.7	7.15	6.5	-3.41	●

INCIDENCE OF MALTREATMENT IN HAWAI'I BY TYPE, 1995

Abuse = 45%

Abuse and Neglect = 21%

Neglect= 24%

Sexual Abuse = 10%

**IMPORTANCE OF INDICATOR:**

Several forms of risky behavior and poor decision-making are related to the extreme outcome of death for teenagers. This indicator looks specifically at accidents, homicides and suicides. These are presumed to be preventable deaths, a sorrow to the families and a loss of potential benefit to the community.

**STORY TOLD BY THE DATA:**

There is continued improvement in the number and the rate of deaths among older teens. This is true for death from illness as well as death from accidental causes. It is also true for all counties except Kauai.

**GENDERED IMPACT:**

Teen male deaths resulting from accidents, homicides, and suicides occur three times as often as teen female deaths from the same causes. Twice as many teen males die from illness as teen females.

**TEEN VIOLENT DEATHS**  
*(homicides, suicides, and accidents for ages 15-19)*

	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995	Recent Trend
State	53.2	51.0	-0.42	22.2	-17.17	●

**COUNTY:**

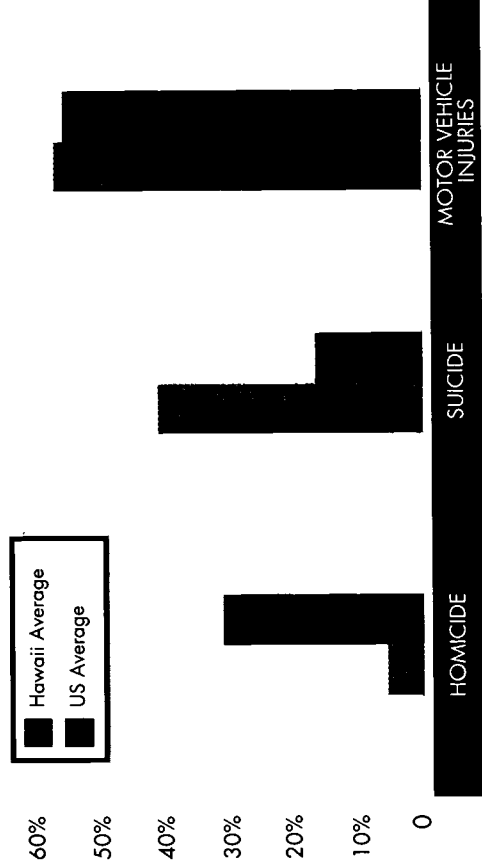
Honolulu	54.0	43.6	-2.14	35.4	-5.2	●
Hawai'i	37.1	77.0	7.30	59.6	-6.4	●
Kaua'i	67.5	30.3	-8.00	56.3	15.5	●
Maui	60.1	109.1	5.97	28.9	-33.2	●

**GENDER:**

Female	23.3	18.3	-4.85	●
Male	72.5	51.2	-6.96	●

NOTE: The number of teen violent deaths is small so that great variability is expected over time. For example, the number of deaths in Kaua'i was 1 in 1990 and 2 in 1995, but this results in a large change in the rates.

**CAUSES OF TEEN DEATHS IN 1994, AGE 15-19**



In a study reported the national Kids Count program, Hawaii was shown to have an extremely low number of homicides. While the percentage of all deaths due to suicide appears high, it should be noted that combined suicides and homicides in the state were nearly identical to the national average.



# WHAT WE WANT TO KNOW, BUT DON'T...

... latest large national movement on behalf of kids was kicked off last April by the Presidents' Summit for America's Future. *America's Promise* is led by former General Colin Powell. It proposes five fundamental resources for children and youth:

- *an ongoing relationship with a caring adult;*
- *safe places to learn and grow;*
- *marketable skills through effective education;*
- *a health start; and*
- *an opportunity to give back.*

Attempts to measure how well our community is doing in providing these resources relies in part on information that is not currently collected. While we have some ideas about the availability of safe places, development of marketable skills, and child health, relatively little beyond anecdotal reports is known about the relationships kids have with adults or about youth volunteerism.

Regarding the presence of a consistent, caring adult in the lives of children, we need to know:

1. The percentage of children who report that they have a caring adult in their lives;
2. The percentage of children with a grandparent or senior adult in their lives; and
3. The percentage of children who have a younger child for whom they feel responsible.

We know quite a bit about school and home safety, although there are gaps in our knowledge. We need to know:

1. The percentage of children who are home alone following school;
2. The percentage of children who are homeless;
3. The rate of violence in schools; and
4. Domestic violence rates in homes with children.

Part of a healthy start in life includes being ready to continue learning in a formal school setting. Certainly, preparing children to succeed in school is one of the primary responsibilities of well-functioning families. We need to know:

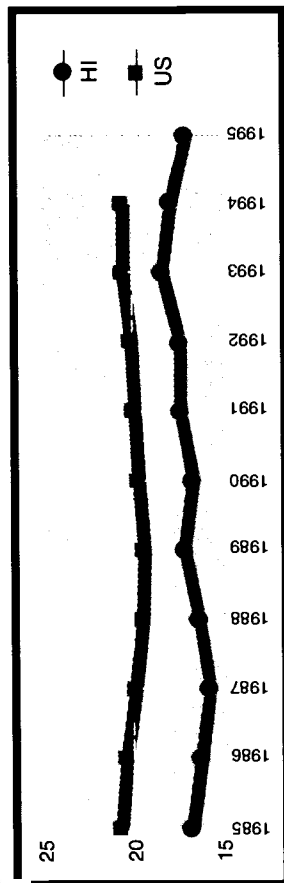
1. The percentage of children who are "ready" for school; and
2. The percentage of families with access to parent education resources.

Providing young people with the opportunity to serve gives them first-hand experience in the benefit of being active citizens. We need to know:

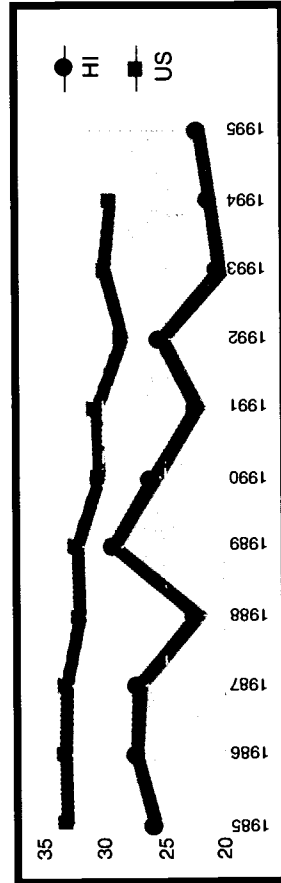
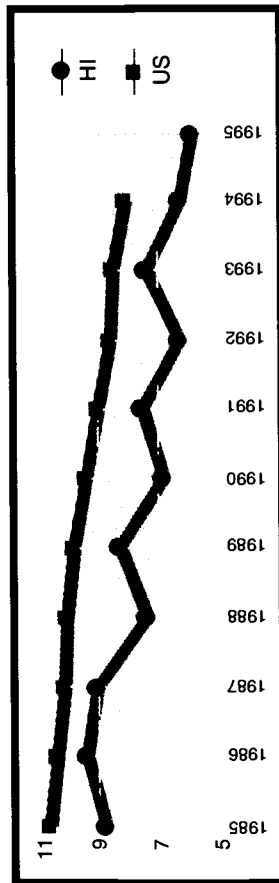
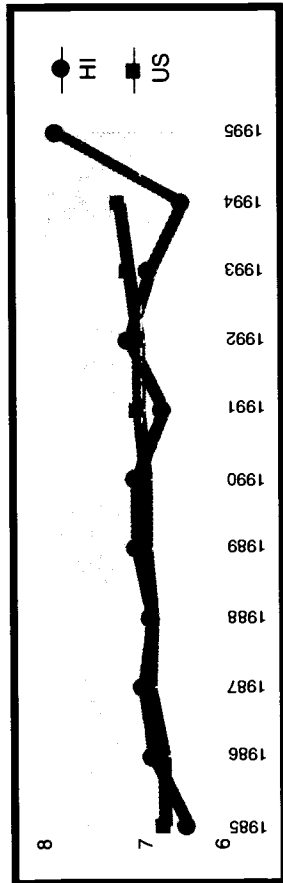
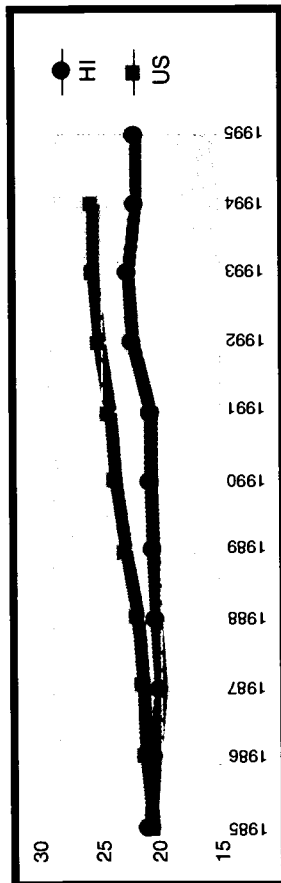
1. The percentage of youth engaged in community service/meaningful activities.

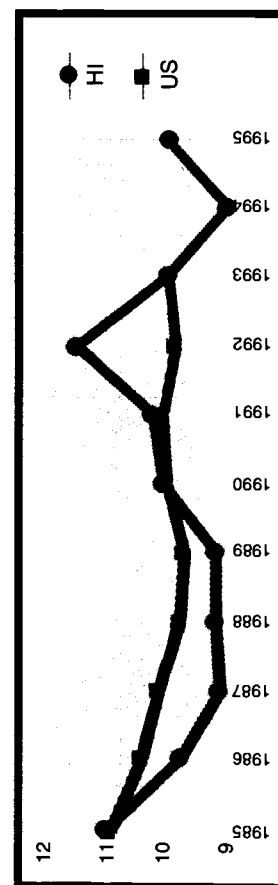
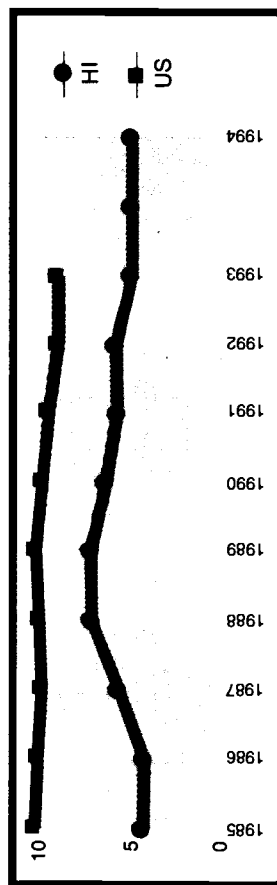
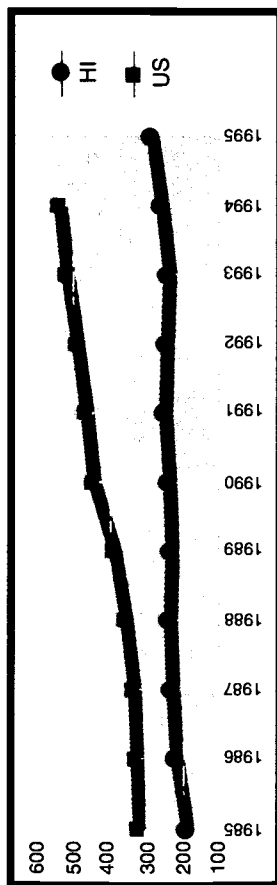
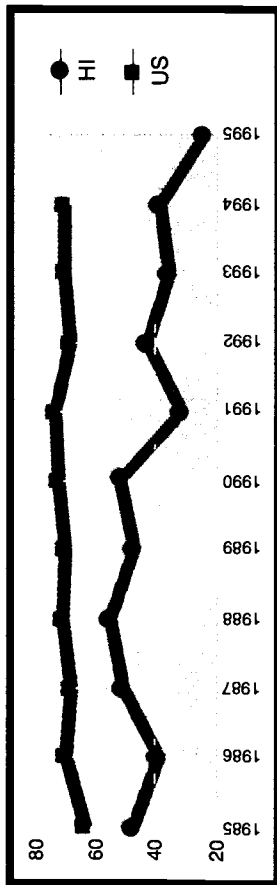
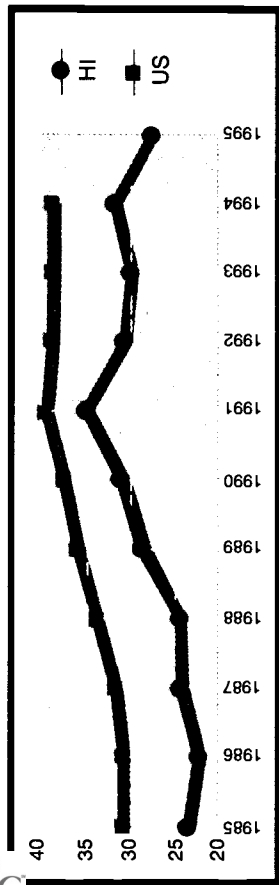
If this information were available from ongoing, consistent sources, we would have much better ideas about developing the responsible citizens that all our tomorrow's require.

# TRENDS IN BASIC INDICATORS: HAWAII AND US



Note: this uses Hawaii's poverty level as 115% of national level for Hawaii's data, national level for US data (due to cost of living differences). \*1995 is estimate of the 115% level





II rates and percents of child population are based on population numbers from the 1980 and 1990 census and official estimates of the 1994 population as provided by the Hawai'i Department of Business, Economic Development & Tourism or from official US Bureau of the Census publications. Child population estimates for counties and ethnic classifications were made by Hawaii Kids Count for the purpose of calculating rates at those levels as the official census estimates are statewide by gender and single year of age.

### **FAMILY COMPOSITION AND RESOURCES**

Percent of children in poverty: the percentage of related children under age 18 who live in families with incomes below the U.S. poverty threshold, as defined by the US Office of Management and Budget. Source: census data and information from the Current Population Survey, March Supplement.

Percent in single-parent families: the percentage of all children under age 18 who live in families headed by a person without a spouse present in the home. Source: census data and special tabulations of information from the Current Population Survey, Bureau of Labor Statistics.

Teen birth rate: the number of births to teens per 1,000 females ages 15–19. Source: census data and information from the Office of Health Status Monitoring, Department of Health.

Percent of budget expended for housing: the percentage of consumer units spent on housing cost. Source: Department of Business, Economic Development and Tourism.

Percent with health insurance: the percentage of children under age 18 who are covered by private or public health insurance, including Quest and Medicaid. Source: Current Population Survey, March Supplement.

### **INFANCY AND EARLY CHILDHOOD**

*(roughly 0–5 years)*

Percent having early prenatal care: the percentage of live births in which the mother had prenatal care in the first trimester of the pregnancy. Source: Office of Health Status Monitoring, Department of Health.

Percent low-birth-weight babies: the percentage of live births weighing under 2,500 grams (5.5 pounds). Source: Office of Health Status Monitoring, Department of Health.

Infant mortality rate: the number of deaths occurring to infants under one year of age per 1,000 live births. Source: Office of Health Status Monitoring, Department of Health.

Percent fully immunized by age 2: the percentage of children receiving the complete series of vaccines protecting them against childhood diseases (DTP/DT, Polio, Measles, Rubella, and Mumps) within their first two years of life. Source: Retrospective Kindergarten Survey, Hawai'i Immunization Program, Department of Health

Percent identified at developmental risk: the percentage of children birth to age 3 who have been identified as having developmental delays or biological risk factors and/or environmental risk factors which place them at risk of having delays in development. Source: Zero-To-Three Hawai'i Project.

Percent of poverty four-year-olds enrolled in subsidized pre-school: the number of poverty-related four-year-olds enrolled in Head Start, Open Doors, and the Kamehameha Center-Based Preschools divided by the child poverty rate times the number of four-year-olds. Source: Head Start, the Governor's Office of Children and Youth, and Kamehameha Schools.

Rate of child abuse: number of children involved in confirmed reports of child abuse and/or neglect per 1,000 children age 0–5. Source: Department of Human Services.

**ELEMENTARY SCHOOL YEARS***(roughly ages 6–11)*

Child death rate: the number of deaths from all causes to children between ages 1 and 14 per 100,000 children in this age range. Source: death data from Office of Health Status Monitoring, Department of Health.

Percent of children with work force parents who are enrolled in supervised program: number of children enrolled in the A+ program divided by the number of children age 6–11 with both or only parent employed. Source: A+ enrollment from Department of Education; number of children with both or only parent employed from census data.

Percent of third graders scoring above average (stanines 7–9) and average (stanines 4–6) on the Stanford Achievement Test (SAT) mathematics portion. Source: School Status and Improvement Reports, Department of Education.

Percent children with special needs enrolled in appropriate program: the number of children in public elementary schools enrolled in special education classes divided by the number of children in these public school grades. Source: School Status and Improvement Reports, Department of Education.

Rate of child abuse: number of children involved in confirmed reports of child abuse and/or neglect per 1,000 children age 6–11. Source: Department of Human Services.

**YOUTH***(roughly 12–18)*

Rate of teen violent deaths: the number of deaths from homicide, suicide, and accidents to teens between ages 15 and 19, per 100,000 teens in this age group. Source: death data from Office of Health Status Monitoring, Department of Health.

Percent of eighth graders scoring above average (stanines 7–9) and average (stanines 4–6) on the Stanford Achievement Test (SAT) mathematics portion. Source: School Status and Improvement Reports, Department of Education.

Percent graduating from high school on time: the number of high school graduates in any one year divided by the ninth grade enrollment four years earlier. Includes public and private schools. Source: Department of Education.

Teens not in school, not in working: the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full or part-time) and not employed (full or part-time). Source: Census data for 1980 and 1990; special tabulations of Current Population Survey microdata prepared by the Bureau of Labor Statistics.

Rate of child abuse: number of youths (age 12–17) involved in confirmed reports of child abuse and/or neglect per 1,000 youths in this age group. Source: Department of Human Services.

Substance use rate: the percentage of high school students who report they had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more days of the past 30 days. Source: biennial study by the Department of Health and Department of Education, 1995 Hawaii Youth Risk Behavior Survey.

Teen pregnancy rate: the number of births, abortions, and fetal deaths to women under the age of 20 per 1,000 women of this age. Source: Office of Health Status Monitoring, Department of Health.

Juvenile violent crime arrest rate: the number of arrests of youths under age 18 for violent offenses (homicide, forcible rape, robbery, or aggravated assault) per 100,000 youths between ages 10 and 17. Source: Crime Prevention Division, Department of the Attorney General.



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Office of Educational Research and Improvement (OERI)  
Educational Resources Information Center (ERIC)



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